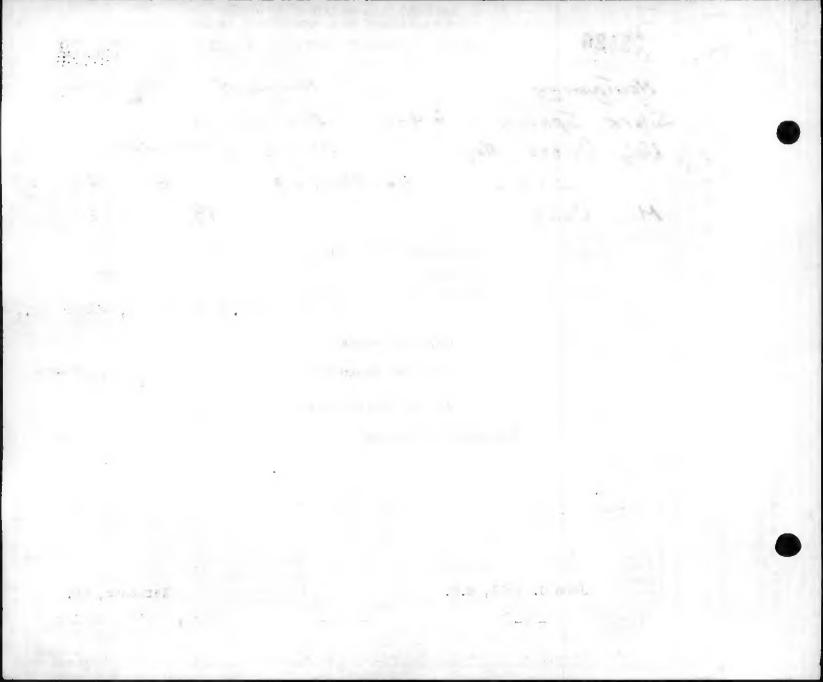
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08426 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Page of MARYLAND delay b. CITY OR TOXOX (If outside Corporate limits, autside carparate limits, write RURAL and give nearest (wm) CLENGTH OF STAY IN 16 P.M3. 1 write RURAL and give poorest town) BURTONSVIlle dA4 NSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? form pencil in Item 18. Give Pages 1, NO D be executed within 24 hours after death. Office along with Middle. DATE Manth Doy DECEASED OF 1041S (Type or print) DEATH within IF UNDER 1 YEAR S. SEX 6. COLOR DR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 10 birthday) WIDOWFD DIVORCED 12 CITIZEN OF WHAT COUNTRY? INDUSTRY the Chief Medical Examiner's 13 FATHER'S NAME Unknown Unknown 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND Address permit. (Yes, na, ar unknown) (If yes give war ar dates of service) removal. Holy Cross Hosp, chart records, Silver Spg No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Cerebral edema 10 IMMEDIATE CAUSE (a) This certificate should writing the word buriol, cremotion, DHE TO Cerebral contusions 6 days Conditions, if any, which gave rise to immediate cause (a), forworded to DUE TO stating the underlying couse Vehicular accident So PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Pulmonary emphysema 10 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Rort II of item 18.) its designoted ogent, prior 3 should PRIMARY M or CONTRIBUTING plnous cur into near of a truck on Route 495. AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year (City or town) ... (State) (actory, street, affice bldg., etc.) Not While of work ilest. While moy be retained for your FUNERAL DIRECTOR: Poge S. IVer Spring Month goiney 21. I certify that I took charge of the remains described above, held an Autopsy [1]. Inspection X and in my apinion Accident A the funerol director. Natural causes Suicide ... Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball, M.D. Address (Street, city, town, or county) Bethesda. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMADORC 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 50 Remarks Gunck 6-30-67 Bethel. North Carolina ADDRESS 1300-N 31-NW 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR HYSONG FUNERAL HOME VR A15ME (5) I Romes Mr. Hy 6M 1/66



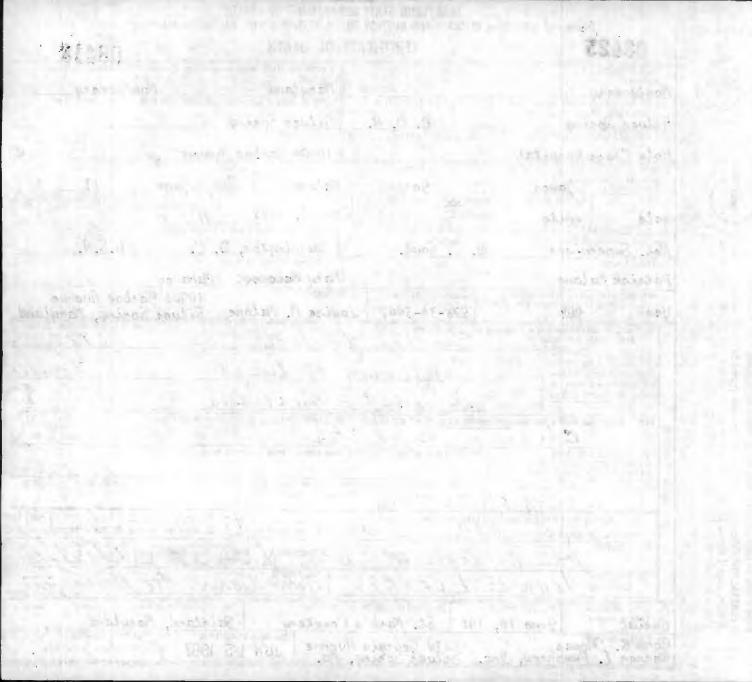
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02125

08425		CERTIFICA	TE OF DEATH		0841	18
1. PLACE OF DEATH O. COUNTY Montgome xu b. CITY OR TOWN (If gutside	corparote limits,	MARYLAND	Maryland	There deceased lived, if institut b. COU tside corporate limits, write RU	NTY ontgomeri	
Silver Spring d. NAME OF HOSPITAL OR IN HOLY Cross Ho	STITUTION (If not in hospito	D. O. A.	Silver Spr d. STREET ADDRESS	_	15.1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle Joseph	Lost Malone	4. DATE MONOR OF DEATH June	th Do	hand better
S. SEX 6. COL	OR OR RACE 7. MARRIE WIDOWE	NEVER MARRIED	B. DATE OF BIRTH Oct 15, 1895	9. AGE (In years	Months Days	Haurs Mir
10a. USUAL OCCUPATION (Give ki during mast of working life, even Ret. Supervis	nd of work done if retired)	KIND OF BUSINESS OR INDUSTRY	Washingto	8. State, or foreign country) n, D. C.	12. CITIZEN O COUNTRY	F WHAT
13. FATHER'S NAME Patrick Malon			14. MOTHER'S MAIDEN !	oc Mahaney		
1S. WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes gi	ve war or dates of service)	6. SOCIAL SECURITY NO. 1578-36-3447	7. INFORMANT Louise M. Mal	one Silver	Erboe Aug Spring 1	enne Marylano
Canditions, if any, which grise to immediate couse storing the underlying colost.	DUE TO (a). DUE TO (b) (c) (c) (c)	ardiac arcinom Diabete	a of lun 2 melli		19	NSB AND DEATH 2-9-6-8 0-9-6-8 WAS AUTOPSY
200. ACCIDENT WAS UNDERLOOK OR CONTRIBUTING CAUS	Arour YING = 20b.	G TO DEATH BUT NOT RELATED LESCRIBE HOW INJURY OCCURR	ites			PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY Mon Hour o.m.	nth, Day, Year 20d		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)		(County)	(Stote
21. I certify that saw the decease	(1) (this hospital) att	ended the deceased fran		9 <u>49</u> , to <u>6//3</u> 265 PM, fram causes	and an the da	
220. SIGNATURE	hu E. E	merett	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	226 DATE SIG	NED /67
22c. PHYSICIAN'S NAME (Type)	OHNE.	EVERETT	9400	CONN. AVE		3
230. BURIAL, (REMATION, REMOVAL (Specify)	June 16, 19		Cemetery	23d. LOCATION (City or To Bairland, A	laryland	
14 FUNERAD DIRECTOR MOMO	Shullstone	8434 Georgia	Augne 25a. RECT	and the second second	EGISTRAR'S SIGNATU	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital at attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and ca**nal** tely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pageshauld be filed with the State Dept. of Health prior ta burial, crematian, ar removal, and in any **event**, within 72 hours

VR A15 (4) 20 M 1/66



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
	08427 - CERTIFICATE OF DEATH	08420
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Re a. COUNTY. b. COUNTY.	sidence before admission)
L	MAN LO ADDIECO MARYLAND WOOD .	Mart
	b. CITY OR TOWN (If outside carparate limits, write RURAL and write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	d give nearest tawn)
-	SILVER SOUNDY INCHES SILVER SPEINA	151/
	d. NAME OF HOSPITALOR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 106 Rockalale D.	e. IS RESIDENCE ON A FARM? YES NO
8.	NAME OF First Middle Last 4. DATE Manth OF	Day / Year
L	(Type or print) 14 Q N/TS U. MAZU/2 DEATH 6/	24/1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Mont	
1	WIDOWED DIVORCED 1/18/92 75 yrs.	12. CITIZEN OF WHAT
di	ring most of working life, even of retired) / INDUSTRY	COUNTRY?
1	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
	EDWARD DILLON JOHANNA GALLAGHER	
į	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(74.0	AS #2
	IB. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	
	Canditions, if any, which gave) (b) Dealette acidores	
	rise to immediate cause (a), stating the underlying cause	
	(c) Wealetes Fellitus	1
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
CATIO		YES IN NO
CERTIFICATION	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING 2 CAUSE OF DEATH	
	(II EITHER, NOTH 7 MEDICAL EXAMINATE)	(6
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, have a.m. 20f. (City or tawn)	(County) (State)
2	p.m. 19 at wark at wark	10 / /shat (1) (see) la
	21. I certify that (I) (this hospital) attended the deceased from 2, 19 to 3, saw the deceased alive an 3 19 c, and that death occurred at 3 M, from causes and containing the same transfer of 3 m, from causes and containing the same transfer of 3 m, from causes and containing the same transfer of 3 m, from causes and containing transfer of 3 m, from causes and causes and causes and causes and causes and causes and	on the date stated abov
	22g MCMATURE 22	2b. DATE SIGNED
	Coward Steakenels M.D. ATTENDING DIRECTOR . STAFF OF BYS.	2-24-67
	22c. PHYSICIAN'S NAME (Type) EDWARD J. RICHARDS 22d. ADDRESS 10110 Ga. Avg. Silver	
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
2	io. BURIAL, CREMATION, 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) REMOVAL (Consider) GATE OF HEAVEN CEM. SILVER SPRI	(Caunty) (State)
-	A FUNERAL DIRECTOR () () ADDRESS	AR'S SIGNATURE
-	Diances Rollins Want S. C. DATE JUN 28 1987 July	iarles linge
	the second secon	15 1 3/

TATE DESCRIPTION OF THE PROPERTY OF THE PROPER 0.1580 AMAN IN STREET By hi Shall diffic . A Thin will be ELWARD A. Pich Education 10110 Co. Ave. Ellver applicable. THE DESCRIPTION OF THE PERSON AND ASSESSED AND ASSESSED ASSESSED. 08428

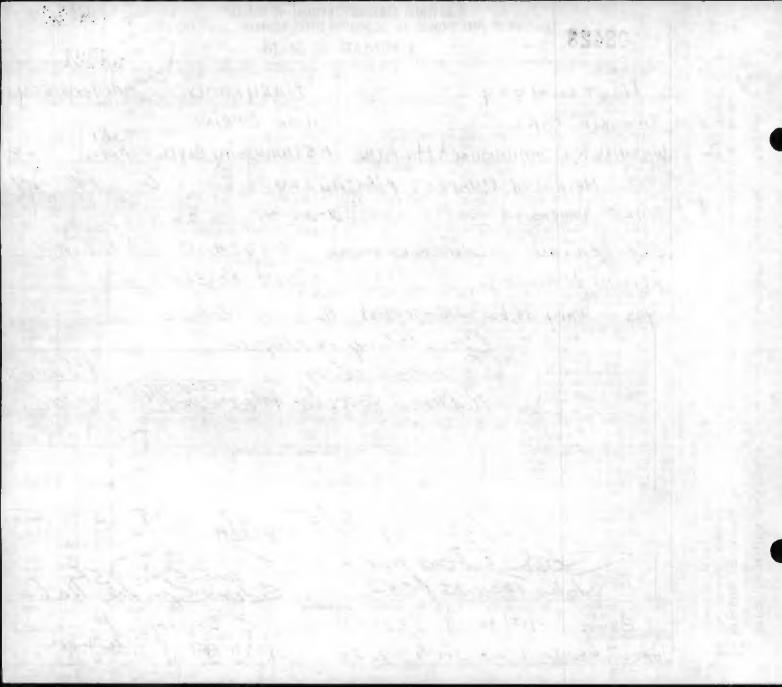
CERTIFICATE OF DEATH

		CERTITION	r OI DEATH		US	1121	
	PLACE OF DEATH			Where deceased lived, i		ce belore admiss	ion)
	MONT GOMERY	MARYLAND	O. STATE	11 mi	b. COUNTY	TOOM E	1011
-	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If a	tside carparate limits,			124/
-	write RURAL and give negrest town)		Silver 3	50011	9	15.1	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	I. give street address)	d. STREET ADDRESS	21 167100	20	e. IS RES	IDENCE
14	LASHINGTON SANITARIUN	4 HOSPITAL	105 UNIVE	neira Alvi	F. Api	ON A	FARM?
3	NAME OF First	Middle	Last	4. DATE	Month		ear
	OFCEASED (Type or print) MR. RALPH CHA	PRLES MCC	AULEY.	OF DEATH	6	14 19	67
S.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In		Days Hours	R 24 HRS.
1	YALE CAUCASIAN WIDOWE	D DIVORCED	2-25-41	26	yrs.	DOJS INCOIS	17(0).
100		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, ar fareign count	TY) 12. (I	TIZEN OF WHAT	
-	ELECTRICIAN SIL	VER BURG ELECT	rek MARI	YLAND	10	.S.A.	
	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
1	COBERT H'CAULEUL		EDITH	KOSELE			
15		6. SOCIAL SECURITY NO. 17	. INFORMANT		Address		
140	es, na, ar unknown) (If yes give war, ar dates of service)	215-38-4337	HOSPITAL	RECORD	5		
	1B. CAUSE OF DEATH (Enter only one couse per lines)	for (a), (b), and (c).)	^	/		INTERVAL BE	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	reulatore	Collan	20		ONSET AND	DEATH
	330 X DUE TO		./			110/	,
	Canditians, if any, which gave) (b)	3H1195 0	cer			40 lec	RULS
	rise to immediate cause (a), DUE TO	nd. 1 pm	- 6 :1	duc	UPGSa		
	last. (c) Pla	Willed Soll	cular inti	CRUC	(-	1 mu	5
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(a)	19. WAS AUT PERFORM	
ATIO						YES -	NO
CERTIFICATION		DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part 1 ar Part II of iten	n 1B.)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d.		LACE OF INJURY (Hame, fare		tawn) (Co	unty)	(State)
MEL	Haur a.m. Wh	nile Not While of	actory, street, affice bldg., etc.	-)	/		
	21. I certify that (I) (this hospital) offe		6/5	1867 to 61	14 , 190	a Thot (1)	(we) last
	saw the deceased alive an 6/1	7	death occurred of	30AM, from	ouses and an t		
	220. SIGNATURE	XP .	ATTENDING	MED. STA		ATE SIGNED	
	A Think	ord ass	M.D. PHYS.	DIRECTOR PH			
	22c. PHYSICIAN'S NAME (Type)	1000	22d. ADDRESS	10155	pring_	5/5,	1
	NAME (Type) John (hours	23 WOKD	5,	10000	20,19	40	
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY .	23d. LOCATION (C	ity ar Tawn	(County)	(State)
	REMOVAL (Specify) Blirial 6/15/1967	CEDAR	HILL		AND, F	1D	
2	4. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR	256 REGISTRAP'S S	IGNATURE	5
18	OMES I, RYAN, INC. Strang.	317 PA. AVE, 51	E. JAHN	16 1967	The same of	00	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in physevent, within 72 haurs after death. VR A15 (4) 25M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

002	29		CERTIFICA			08424
o. COUNTY	MONTGOMERY		MARYLAND	2. USUAL RESIDENCE (V o. STATE MARY	b. COL	orion: Residence before admission) UNTY MONTG
write RURAL	N (If autside corparate lime and give nearest town) ENCERVILLE	its, C. I	LENGTH OF STAY IN 16	c. City OR TOWN (If ou	tside carparate limits, write RL ILLE	15,1
	PITAL OR INSTITUTION (IF		treet address)	d. STREET ADDRESS	D HOPE ROAD	8. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	~ ~ ~	First	Middle	lost Mc Nalley	4. DATE Mor OF DEATH June	1th Day Year
S. SEX	6. COLOR OR RACE NEGRO	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR Manths Days Hours Min
10a. USUAL OCCUPAT	ION (Give kind of work doning life, even if retired) ABOR ER	-	F BUSINESS OR		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		1		14. MOTHER'S MAIDEN I		0.344
IS. WAS DECEASED	VOWN EVER IN U.S. ARMED FORCES in) (If yes give wor or dates	of service)	14-3852	UNKNOW INFORMANT	Add	ress
T 10 CALICE OF	DEATH (Enter goly gon o		(h) and (c))		A .	INTERVAL RETWEEN
Canditions, if a	ny, which gave	E (a) Company (b), (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(b) and (c)) Pre	Commary Carlo Card	Edema Jailure id-vascula	interval Between gist and Death 2-3day
Canditions, if a rise to immed stating the unlast.	IMMEDIATE CAUSE IMMEDIATE CAUS DU ny, which gave iate cause (a), derlying cause	E (a) CONTRIBUTING FOR DE	gesting fertense pertense ATH BUT NOT RELATED T erobia	Commany Chaff Card THE TERMINAL DISEASE CON THE TERMINAL DISEASE CON	Bases (CV)	
Conditions, if or rise to immed stating the unlost. PART II. OTHER 200. ACCIDENT OR CONTRIBUTION (IF EITHER NOT	IMMEDIATE CAUSE IMMEDIATE CAUS DU ny, which gave iate cause (a), derlying cause	E (a) CONTRIBUTING FOR DE	gesting fertense pertense ATH BUT NOT RELATED T erobia	Conorary Card Card O THE TERMINAL DISEASE CON D. (Enter nature of injury in	Bases (CV)	2-3day 2-3day 19. WAS AUTOPSY PERFORMED?
Canditions, if a rise to immed stating the unlast. PART II. OTHER 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	IRATH WAS CAUSED BY: IMMEDIATE CAUS DU ny, which gave ide cause (a), derlying cause SIGNIFICANT CONDITIONS WAS UNDERLYING WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY Month, Doy, Year	E (a) E (a) E (b) CONTRIBUTING (70 DE CONTRIBUTING (70 DE CRIB	gestive gestiv	Othron	Port I or Port II of Item 18.)	2-3day 2-3day 19. WAS AUTOPSY PERFORMED?
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Canditions, if a rise to immed stating the unlast. PART II. OTHER 200. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT Hour 21. I ce	IMMEDIATE CAUSE NY, which gave intercause (a), derlying cause (b), derlying cause (c), derlying (c), was underlying (c), was	E (a) E (a) E (b) CONTRIBUTING TO DE 20b. DESCRIB 20d. INJURY While of wark	ATH BUT NOT RELATED TO CCCURRED NOT While of work 1967 and to	D. (Enter nature af injury in PLACE OF INJURY (Home, form actory, street, affice bldg., etc.)	Port I or Port II of them 18.) 20f. (City ar tawn)	ONSET AND DEATH 2-3 Clary 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. obmpletely filled in by the funeral vertachon papers. Pages 1 and y event, within 72 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and go director, page 3 shauld be detached far use as the burial-transit permit. Then please remay shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any

VR A15 (4) 20 M 1/66

18760 ***** . ----ELLIWES SOL DVCII Trial STATE PASES THE REPORT OF THE PARTY OF THE PERSON

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08425 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY Montpomery
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) MARYLAND Washington D.C. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn). Takoma Park lili davs Washington D.C. d STREET ADDRES d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? NO N Washington Sanitarium and Hospital 3. NAME OF 4 DATE Last DECEASED (Type or pont) loseph DEATH ALKS 1961SN XSTOCKET CKYM feinhere IF UNDER 74 HRS S. SEX HE LINDER I YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths Days WIDOWED DIVORCED 5-25-91 white IDo _SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1) BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY ? INDUSTRY Retired electrician Washington D.C.

14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Adam Mary La Port Weinberg IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Address Georgia Avenue (Yes, no, or unknown) (If yes give war or dates of service) NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) NO 4 20a. ACCIDENT WAS JNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF NJURY (Hame, farm, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (Crty or town) (County) (Stote) factory, street, office bidg, etc.) Hour am Not While at work 21. I certify that (1) (this hospital) attended the deceased from and that death accurred at 320 sow the deceased alive on AM, from causes and on the date stated above. 22a SIGNATURE 22b. DATE SIGNED ATTENDING M.D DIRECTOR PHYS

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after popers. Pag thin 72 hours (filled completely remove any gud eose physicion puo removal 5 cremation, burial-transit certificate hos been for use Health p **DIRECTOR:** After this be retained by director, page should be filed TO FUNERAL VR A15 (4) 25M 1/67

Burial (Specify) FUNERAL DIRECTOR
GLEN Capter

22c. PHYSICIAN'S

23g BURIAL CREMATION.

23b. DATE THEREOF

West

Raymond O.

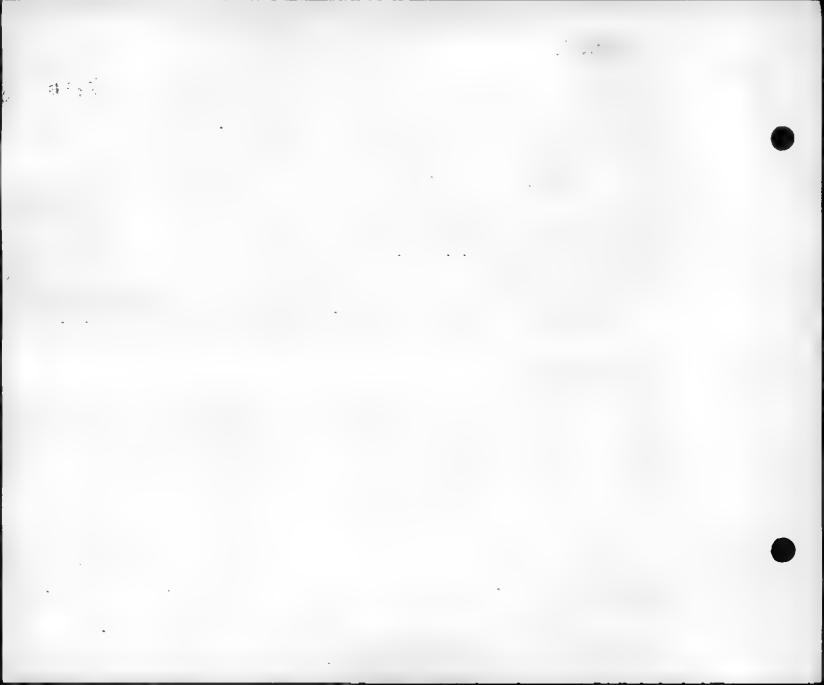
23c NAME OF CEMETERY OR CREMATORY Olivet Cemetery 23d LOCATION (City or Town)

(County) (State)

250 RECD BY REGISTRAR 25b

University Blud

ADDRESS



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se executed within 24 haurs after death.	funeral er deet		PLACE OF DEATH O. COUNTY	DEPG MARYLAND	a S	JAL RESIDENCE (When STATE	e deceased lived, if instit	tution Residence	before admission)
rs offe	~ S ==		b CITY OR TOWN (If autside carparate limits, write RURAL and/give negrest (town)	LENGTH OF STAY IN TO		OR TOWN (If outside	camparate limits, write R		earest tawn)
4 havi	campletely filled in by the avec carbon papers. Page y event, within 72 haurs a		MAME OF HOSPITAL OR INSTITUTION (IF not in h	aspital, give street address)	d STR	EET ADDRESS	2		e IS RESIDENCE ON A FARM?
rhin 2	y filled		NAME OP DIFFIRST	Middle M	180	Last 4		inth	Doy Year
ted w	campletely ave carbon y event, wi	1	DECEASED (Type or pnnt) SEX 6 COLOR OR RACE 7 M	ACEDE 916		SCS OF BIRTH	DEATH G	T IF UNDER 1 Y	1967 EAR TIF UNDER 24 HR
execu	and campletely fremave carbon in any event, with	100	7 1 /	DOWED DIVORCED DIVORCED DIVORCED	4-	6-86	Stasy birthday) Yrs.		Pays Haurs Min
å	U .= \	dur	ing most of working life, even if retired) √√√ €	INDUSTRY		RTHPLACE (County & Sto MARYLA	ND	COUN	
eraff	phymician Then please maval, and	13	FATHER'S NAME	Menbugh	14. M	OTHER'S MAIDEN NAME	the mull	1-	
Jeath o	affendin permit. Tian, ar ren	IS (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, na, ar unknawn) (If yes give war ar dates af servi	16. SOCIAL SECURITY NO. 17. IN	FORMA	INT	Add	dress	
OR ATTENDING PHYSICIAN: The law requires that the death cert	_ 61.2		18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (0), (b), and (c).)	-7	tool	- CRELA	Len	INTERVAL BETWEEN ONSET AND DEATH
res tho	signed by the signed by the buriel transit buriel, cremal		IMMEDIATE CAUSE (a)	45HD = 0	20	contine la	- Pre-		real man
requir	n signed be burial-tr		nse to immediate cause (o), stoting the underlying cause DUE TO	7000 8 6 60	7	- miniga	un	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ar moe
we law	ar arrenaing the has been use as the salth priar ta	N	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO TH	IE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART 1(d)		19 WAS AUTOPSY PERFORMED?
AN: T	this certificate has elacible for use a second for use a	CERTIFICATION	20a ACCIDENT WAS UNDERLYING	20% DESCRIBE HOW INJURY OCCURRED (B	nter no	iture of injury in Port	I or Part II of Hem 18)		YES NO
HYSIC	this certification of the period of the peri	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e PLACE	OF INJ	JURY (Home, farm,	20f (City or tawn)	(Caunt	(State)
ING P	After the det det det det det det det det det de	WED	Hour a.m. p.m.	at work at work	ry, stree	t, office bldg., etc.)	I lun	eli 10 (a	1
TTEND	OR: Al		21. I certify that (#) (#his hospital saw the deceased alive an	attended the deceased fram	death		M, from causes		
OR A	OIRECT SET SET SET SET SET SET SET SET SET SE		navn W	adler MD	PHY.		STAFF PHYS	22b DATE	11/67
O HOSPITAL OR ATTENDING PHYSICIAN	Fuge 4 may be retained FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22c PHYSICIANS NAME (Type) MARVI	N WADLEI	220	82/8	Wiscons	in Av.	Bether
O HOS	to FUN directo shaul	230	BURIA, CREMATION 23b, DATE THEREOF	67 Medow Bra			23d LOCATION (City or Westman		ounty) (State)
-	VR A15 (4)	24	FUNERAL DIRECTOR Ernest C	Gartne Doress	82	250 REC'D BY	REGISTRAR 25b	REGISTRARS 5 GA	VATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission. MARYLAND If autside carparole limits, CLENGTH OF STAY IN 16 e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO E NAME OF 4. DATE DECEASED 0F DEATH 19 (Type or print) 6 COLOR OR RACE AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED birthdoy) Manths WIDOWED DIVORCED IOa USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM WAS DECEASED EVER IN J.S. ARMED FORCES? 17 INFORMANT es na, ar unknown) (If yes give war or dates at service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave " nse to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL NO 2Dg ACCIDENT WAS UNDERLYING (Enter nature of injury in Part I or Part It of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form 2Dc TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at work 21 I certify that (1) (this haspital) attended the deceased from 1967, and that death occurred at 1/370M, from causes and on the date stated above. saw the deceased alive an-22g. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 24. FUNERAL DIRECTOR Joseph Gawler' Inc.

ATTENDING PHYSICIAN: The law Inquires that the death certificate be executed within 24 hours ofter death by the funeral Pages 1 and ve carbon papers. Pay event, within 72 hours filled in I completely or removal þ signed t buriol-tr has been TO FUNERAL DIRECTOR: After this certificate 8 director, poge should be filed O HOSPITAL VR A15 (4) 25M 1/67



5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Department of Health priar to burial, cremation, ar remaval, and in any event within 72 haurs ofter Beath. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and "tr the funeral directar Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Pag ar.y dela This certificate snam!d bm executed within 24 haurs after death If

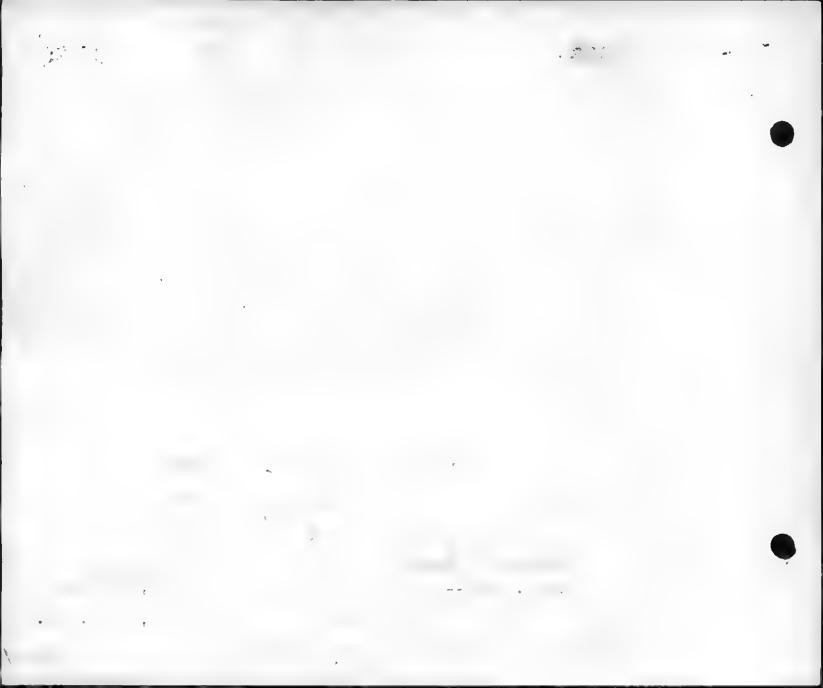
TO DEPUTY MEDICAL EXAMINETS:

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03728

		08433	MEDIC	LAL EXAMINER 3	CERTIFICATE	Ur DEATH	007	200
	1 1	PLACE OF DEATH				(Where deceosed lived, if insti	tutian Residence before	odmission)
	1	DON-FRAMERY		MARYLAND	MARC 14	ind n	Vokem.	ELW
		b CITY OR FOWN III autside comparet	te limits	LENGTH OE STAY IN 16	CUTY OR TOWN (f o	autside carparate limits, write l	RJRAL and give nearest	toyn
	6	write ROKAL and give nearest tax	vn)	DO A	16 11	obord		1
		MAME OF HOSPITAL OR INSTITUTION	N (if not in haspite, aiv	re street address)	d STREET ADDRESS	_ / `	6	IS RESIDENCE
7		Suburban Hos	pital		4366.	DIAMOND F	RE.	ON A EARM?
		NAME OF DECEASED (Type or print)	ene 1	awnserd	Mitchell	4. DATE MI	onth Doy	Year 1967
	5.	SEX 6 COLOR OF RA	ACE 7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGF in years	IF UNDER 1 YEAR	1E UNDER 24 HRS
\ \	177	a/E white	WIDOWED	DIVORCED	3/8/34	3 last birthday)		Haurs Min.
)		USUA. OCCUPATION (G ve kind of woring mass of working te, every firetired	_ AND.	O DE BUSINESS OR USTRY STORE	av.	e ar fare gn country)	12 CITIZEN DE	WHAT
	13	FATHER'S NAME) Sieg	Elwy DICKE	14. MOTHER S MAIDEN	NAME		
		Augh. m	ritchell.	V	my ho	L Tayne		
	15	WAS DECEASED FUR IN U.S. ARMED EC	ORCES? 16 SO	OCIAL SECURITY NO 17	INFORMANT		idress	
	(Ye	s, ga, or unknawn) (If yes give war ar	dates of service)	7-32-1320 4	Mite Kut	K		
		1B. CAUSE OF DEATH (Enter only	ane cause per line for (c		1)	~	INTE	RVAL BETWEEN
		PART I. DEATH WAS CAUSED B	IV-	diac tamponad	e		- ONS	ET AND DEATH
		776 Y IMMEDIATE	DUE TO	vaniponau			100	Clare China
		Canditions, Fony, which gove		to perforati	on aorta an	d left atrium		
		rise to immediate couse (a),	DUE TO	- A WAY AT CA	<u>1444 VII (111</u>	NVAY COLA		
		stating the underlying couse stating the underlying couse	(t) Due	to bullet wo	und heart			
	NO	PART II OTHER SIGNIEICANT CONDIT	ONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)		WAS A. TOPSY PERFORMED?
1	CERTIF, CAT ON	TO EVIEDNAL CALLER MAS	ani pere	DIDE HOW M. DV OCCUPES	/f	Dad Las Dad 1 of the 193	YE.	2 K NO [
	ERTIF	200 EXTERNAL CAUSE WAS PRIMARY OF OUT CONTRIBUTING	ZUB DESC	KIBE HOW INJURY OCCURRED	Α	Port I or Part I of item IB)		
	Al G	CAUSE OF DEATH.	5 5	or sall in			- M	(C)->-3
	MEDICAL	20c TME OF INJURY Manth, Day, Hour-a.m. 6/2	While I		ACE OF NJURY (Home for ctary, street, office bldg., etc			(State)
		21. I certify that 1 taak				-	-F-4	in my apinian
			_		icide X Hamicid		manner 🔲	
			1		CHIEF MEDICA	L EXAMINER		
		ACTUAL SIGNATURE	m 3. 13	oll	IR D	DICAL EXAM-NER	10/17 2	2 DATE SIGNED
		EXAMINER'S John G	. Ball		rgetowns: Ro	cal examiner X 6/ adiy, to Bethesda		d
			ATE THEREOE	23c NAME OF CEMETERY OR		23d LOCAT ON (City or	, , , , , , , , , , , , , , , , , , , ,	
	_ '		5/5/67	Parklawn Ce		Rockville		Md.
1	14	. FUNERAL DIRECTOR YSON Wheeler Fu	meral Hom	e 1331 Rock	ville Pike	JN 8 1967	REG STRAR'S SIGNATUR	udak



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08434 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTYAnne Arundel o. COUNTY Maryland Montgomery MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and a ve nearest town)
Bethesda Annapolis 12 days d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Naval Hospital 301 Giddings Street YES NO X 3. NAME OF Middle Last 4 DATE DECEASED (Type or print) Gerry Ellis Monroe 1967 DEATH June 17 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH 9 AGE (In years 7 MARRIED **NEVER MARRIED** last birthday) Hours June 1967 Male Cauc DIVORCED WIDOWED 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) INDUSTRY Anne Arundel, Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Gregory Eugene Monroe Mayrl J. Darm 301 Giddings Street. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no. or unknown) (If yes give war or dotes of service) Gregory G. Monroe, Annapolis, Maryland None 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (r).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Tracheo-esophageal fistalue with extensive IMMEDIATE CAUSE (a) __ aspiration pneumonitis DUE TO Conditions, if any, which gave Congenital Heart Disease rise to immediate cause (o), DUE TO stoting the underlying cause (d) Multiple congenital Anomalies last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION YES 🖓 NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 1B.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20r TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) Not While at work at wark 21. I certify that #) (this hospital) attended the deceased fram 5 June saw the deceased alive an 17 June 1967, and that death occurred a5:45PM, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** 18 June 1967 22d ADDRESS 22c PHYSICIAN'S NAME (Type) LCDR R. F. SWANGER. MC USN Naval Hospital. Bethesda, Maryland

23c NAME OF CEMETERY OR CREMATORY

Naval Academy Cemetery

23d. LOCATION (City or Town)

2Sa. REC'D BY REGISTRAR

Annapolis, Maryland

Charles

2Sb. REGISTRAR'S SIGNATURE

(County)

(State)

Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate director, page 3 should should be filed with the VR A15 (4) 20 M 1/66

23a BURIAL CREMATION. BUTTAL (Specify)

24 FUNERAL DIRECTOR John M. Taylor & Son ADDRESS Md.

Funeral Home, 147-149 Gloucester St., Annapolis bit

requires that the death certificate be executed within 24 hours after death

ond in any event,

buriol, cremation, or removal,

lease

attending physical Then p

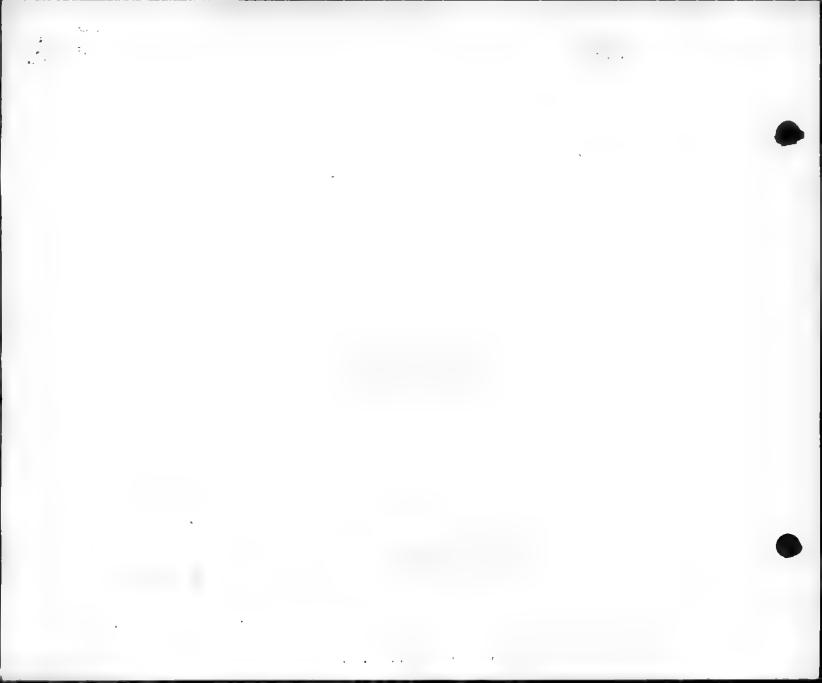
signed by the burial-transit p the

has been

be detached for use State Dept. of Health ;



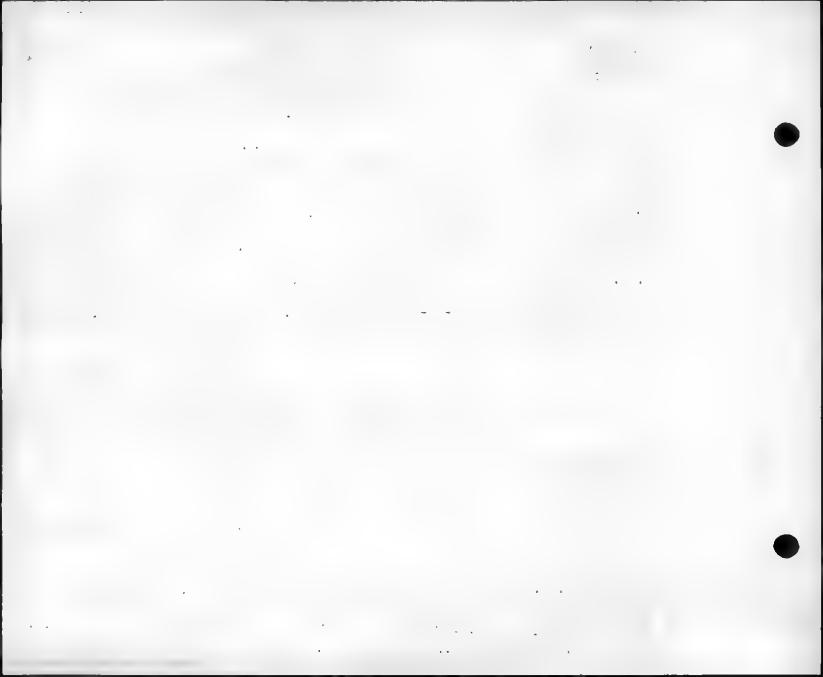
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) **5 COUNTY** a. COUNTY a. STATE Page 吉 montGomery MONTGOINESY b CTY OR TOWN (+ autside carparete iim ts, C LENGTH OF STAY IN 16 c CITY OR TOWN, If autside carparate in ts, write RURAL and give nearest tawn) write RURAL and give nearest town) SIVER tate Begarti SDRING SILVER d NAME OF HOSP TAL OR INSTITUT ON (If nat in haspita), give street address) 5 RESIDENCE ON A FARM? d STREET ADDRESS e, wring the ward pending in penci in Item 18 Give Pages 1, 3 farwarded to the Chief Medica Examiners Office along with farm naurs ROSS YES I NO DE 8 Give Pages This certificate shauld be executed within 24 haurs after death NAME OF Last 4 DATE Day Year DECEASED T B 100R C. 1967 (Type or print) DEATH w thin DATE OF BRIH with 1 5 SEX 6 COLOR OR RACE AGE (In years IF ... NDFR I YEAR 7 MARRIED NEVER MARRIED fast birthdoy) Months Days Haurs MALE WhiTE DIVORCED and 2 event 10a JSUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR 11 B RTHPLACE (State or fore an country) 12 CiT ZEN OF WHAT COUNTRY? during most of working life, even if retired) INDHISTRY TAXICAB 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME \subseteq f le g 16. SOCIAL SECURITY NO 17 INFORMANT remavai DORISB. MODRE 2a, bed ABOVE INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ntaretion Acute-PART I DEATH WAS (AUSED B) Myocardia IMMEDIATE CAUSE (a) cremattan, DUE TO Occlusion. Acute -Conditions if any, which gave rise ta immediate cause (a), **DUE TO** stating the underlying cause used as burial, c WAS AL TOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION please execute the certificate, NO D, 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) ď 3 should should ! PRIMARY I ar CONTRIBUTING I **EXAMINER:** CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (City ar tawn) (County) (State) 20c T.ME OF INJURY Manth, Day, Year factory, street, affice blda., etc.) Haur a.m. may be retained far yaur FUNERAL DIRECTOR: Page at wark 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X, Inquiry X and in my opinion Suicide Undetermined manner the funeral directar. death resulted fram Natural causes (X), Accident (1), Homicide . CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MED CAL EXAMINER SIGNATURE S m. TO FUNER. Health ar if DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar caunty) ashington National Cem. 23b DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL, CREMATION, REMOVAL (Specify)
Burial Suitland, Md. 12 Jun 1967 24 ESINERAL DIRECTOR 7400 Georgia Ave VR A15ME (5) 3 Rinaldi Funeral Home, Inc. Wash., D.C. DATE 6M 1/66



	08431	S		CERTI	FICATE	OF DEATH				0.8	3431
ì	PLACE OF DEATH a. COUNTY M	ontgomery		MAR	YLAND	2. USUAL RESIDENCE (V STATE Virginia	Where dece	eased lived, if institut b. COUI	ion Residen	FAX	admission)
	b. CITY OR TOWN (write RURAL on Bethesda	If outside corparate limit d give nearest town) (Rura I)	5,	c LENGTH OF STAY		ALEXANDR		prote limits, write RUI	RAL and giv	e neorest	town)
		AL OR INSTITUTION (If n	ot in hospitor, g			d. STREET ADDRESS 823 Empres	ss Co	urt		e ye	IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)		ıc y	Cutts		Moore Moore	4 DATE OF DEAT	Tarmo	th	Day 17	Year 19 67
	'emale	6 COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIE		B DATE OF BIRTH Feb.22 1920		9 AGE (in years last birthdoy)	IF JNDER Manths	Days	Hours Min
du	usual Occupation working Housewif	Y (Give kind of work done life, even if retired) B		ND OF BUSINESS OR Dustry		11 BIRTHPLACE (County		foreign country) achusetts	(0	TIZEN OF V DUNTRY? USA	WHAT
	E. F. C					E. Rile	NAME				
1S (y	. WAS DECEASED EVI	R IN U.S. ARMED FORCES? (If yes give war ar dotes	of service)	SOCIAL SECURITY NO. 9-18-7985	1 "	informant ymond A. Moo			Empre andri		
		e couse (o), ((o) Infil TO (b)		arci	noma of Hypo	phar	ynx			VA. BETWEEN T AND DEATH
TIFICATION	20o ACCIDENT WA	S UNDERLYING				THE TERMINAL DISEASE CON (Enter nature of injury in				19. W P YES	VAS AUTOPSY ERFORMED? NO
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	10	20d III While of wark			ICE OF INJURY (Hame, farm tary, street, affice bldg, etc.)		(City ar tawn)	(Ca	unty)	(State)
	21. I certi saw the d	fy that (1) (this har eceased alive an_	spital) atteni June 1	ded the deceased 719 <u>67</u> ,	fram_and the	April 20 , 1 If death accurred at ATTENDING M PHYS.	19.67. 7:55 MED. DIRECTOR	AM STAFF	and an t	67, tha he date ATE SIGNED	stated aba
	22c. PHYSICIAN'S NAME (Type		anton,	MD	171	22d ADDRESS		ital, Bet	hesda	, Md.	
L	BURIAL, CREMATION BEMOVAL (Specify	Grane	ec-la	23c. NAME OF CEN		ational	A	location (City or To rlington		(County)	(Stote) Va.
	hapel, 52	Demaine N S. Washir			lria,	Va. 250. RECT		1967 25b RE	GISTRAR'S S	SIGNATURE	ege

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the adirector, page 3 should be detached far use as the burial-transit permit. Then please remay-carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, fifthin 72 hours after Page 4 may be retained by the hospital ar attending physician. VE A15 (4) E0 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



Francis H. Barber

	08437		CERTIFICATE	OF DEATH		00200
	LACE OF DEATH				Where deceosed lived, if institution is	Residence before admission)
	Mongon	ery	MARYLAND	MARYLA	end.	Mil
	o. CITY OR TOWN II autside write RURAL and give ne	corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF ou	itside corporote limits, write RURAL o	nd give nearest town)
	TAROMA	PARK	11 hR. 50 min.	Washing	FROTE MOTE	15.1
(I. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital, g	ive street address)	d STREET ADDRESS	5	e IS RESIDENCE ON A FARM?
	Washingto	n Sometopium	Hespital			YES NO NO
	NAME OF	First	Middle	Lost	4 DATE Month	Doy Year
. (DECEASED Type or print)	Dallas	Estis 1	MORRIS	DEATH JUNE	13 1967
S. 5	SEX 6 COL	OR OR RACE 7. MARRIED		3. DATE OF BIRTH		UNDER 1 YEAR IF JNDER 24 HRS
	male 1	WIDOWED	DIVORCED	11-7-8	6 80 yrs Mo	inths Days Hours Min
10a dun	USUAL OCCUPATION (Give k) ng mest of working life even	nd of work done 10b Ki if retired) 1N	ND OF BUSINESS OR DUSTRY	13. BIRTHPLACE (County	& State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	FATHER S NAME	1764	TREA	14. MOTHER'S MAIDEN	1 21 1 1 1 1	America
10	14.11 X	M . sois			4	
10	INITION P	. Moreis	SOCIAL SECURITY NO 17, 1	NFORMANT	XXX Eliza Ann	Jones
(Ye	WAS DECEASED EVER IN U.S. s, no for unknown) (If yes gi	Ve wor or dotes of service)			,	
		WI 12	19-01-8131	-S. H Kec	erds	
	18 CAUSE OF DEATH (En	ter only one couse per line for				INTERVAL BETWEEN
	PART I. DEATH WAS	CAUSED BY: AMEDIATE CAUSE (0)	roiac Arr	SE2(ONSET AND DEATH
	4201	DUE TO				14 /
	Conditions, if ony, which g	love) (b)	JUTE MYOU	CHRDIAL	. INFARCT	12hrs
	rise to immediate couse	(o), (DUE TO				
	stoting the underlying co	(c) LEF	T SIDEO C	(件层)	DROWARY AR	1247
	PART II OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COS	ND T ON GIVEN IN PART 1(0)	19 WAS AUTOPSY
5	DIABETE					PERFORMED? YES NO 🔀
CERTIFICATION	20o ACCIDENT WAS JINDERI		SCRIBE HOW INJURY OCCURRED	Enter nature of inury in	Port Lor Port II of item 181	1 10 10 2
E	OR CONTRIBUTING CAUSI	OF DEATH	TOTAL TOTAL TOTAL OCCURRED !	Control of Injory III	TOTAL OF TOTAL OF HOME AND	
	(IF EITHER, NOTIFY MEDICAL		HIDV OCCUPATED TWO PLACE	CE OF IALL IDV /II (1 206 (Cata or town)	(founty) (facts)
MEDICAL	20c. TIME OF INJURY Mor Hour o.m.	While		CE OF INJURY (Hame, form pry, street, affice bldg., etc.)		(County) (State)
×	p.m.	19 ot work	ot work	130 Am	1501	
Ī		(I) (this hospital) attend	led the deceased from	13 June, 1	9.67, to /3 den	189 <u>67</u> , that (I) (we) las
	saw the deceased	l olive on 13 Jui	vic 1907, and that	death occurred at	150PM, fram causes and	on the date stated above
	22o. SIGNATURE	JE	~ 0	ATTENDING IV	MED STAFF	22b. DATE SIGNED
	Jan	- / . /	Gral MD		DIRECTOR L PHYS. L	
	NAME (Type)	OHN LOUI	s FORD A	SILVE	R SPRING	mi.
230	BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
	REMOVAL (Sparity)	6-15-67	Laytonsv		Laytonsvil	
24	FUNERAL DIRECTOR		ADDRESS			CAR S'SIGNATURE
2.4		Damham Tank		2501 CF N	15 1967 256 PETOLE	new greet
	Francis H.	Darber Lavi.	onsville. Md.	DATE	l V	U

Laytonsville, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after earth Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched far use as the buriol-transit permit. Then percentage remove corbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to buriol, cremation, or remove find in any event, within 72 hours after death. VR A15 (4) 25M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

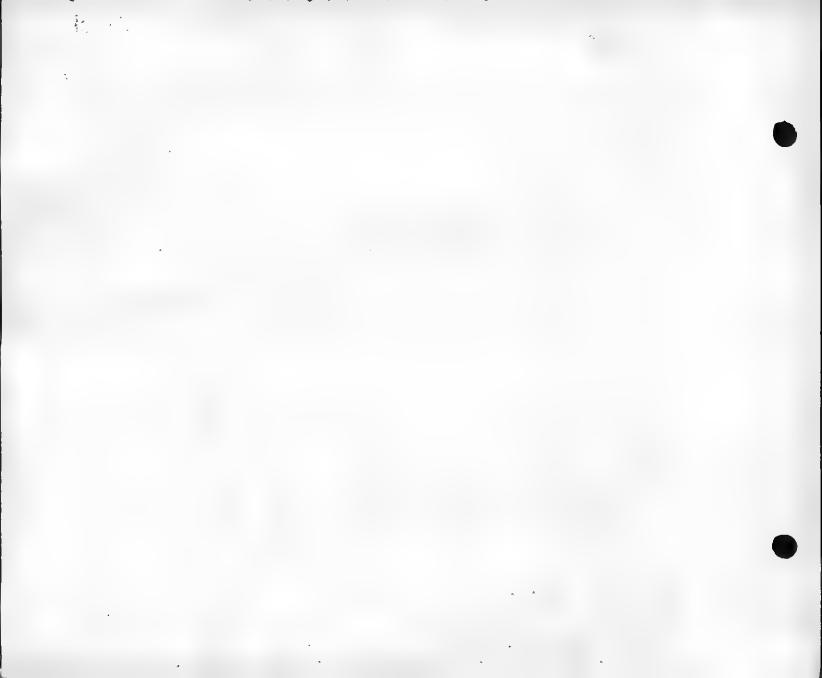
41	CERTIFICATE OF DEATH	18433
	1. PLACE OF DEATH COUNTY MONTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased fived. If institution a. STATE MARYLAND ARYLAND D. COUNTY	Res dence before admission) MONTGOMERY
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) SILVER SRRING 23 45ARS SILVER SRRING 2 PRING	(AL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 8925 BROOK VILLE ROAD 8925 BROOK VILLE ROAD	ON A FARM? YES NO 13
1	3. NAME OF DECEASED (Type or print) ROBERT HARVEY MORSE DEATH JUNE	Day Year 4 1967
).		FUNDER I YEAR IF UNDER 24 HRS Manths Days Haurs Min
	100 USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) GARAGE WORK AUTOMOTIVE NORTH CAROLINA	12 CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME ROBERT MORSE I MARY ARMSTR	on G
	IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yet. no. or unknown) (If yes, give war or dates of service) (Yet. no. or unknown) (If yes, give war or dates of service) (Yet. no. or unknown)	45 A-BOUE
/	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under: ying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY Medical examiner) 201. I certify that (ii) (this haspital) attended the deceased fram. 21. I certify that (iii) (this haspital) attended the deceased fram. 21. I certify that (iii) (this haspital) attended the deceased fram. 22. SIGNATURE 22. PHYSICIAN S 22. ADDRESS	S HOURS S HOURS S HOURS S HOURS S HOURS (Caunty) 19. WAS AUTOPSY PERFORMEDT YES NO [] (Caunty) (State) (Caunty) (State) (Caunty) (State) (Caunty) (State) (Caunty) (State)
1	NAME (Type) JAMES A, ROBERTS 8907 GEORGIA AVE 230 BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or DEMOVAL (Specify)	
(RAR'S SIGNATURE

TO MOSILIAE OR ATTENDING PHYSICIAN: Till law requires that the death mertificate be executed within 24 liaurs TO FUNERAL DIRE.

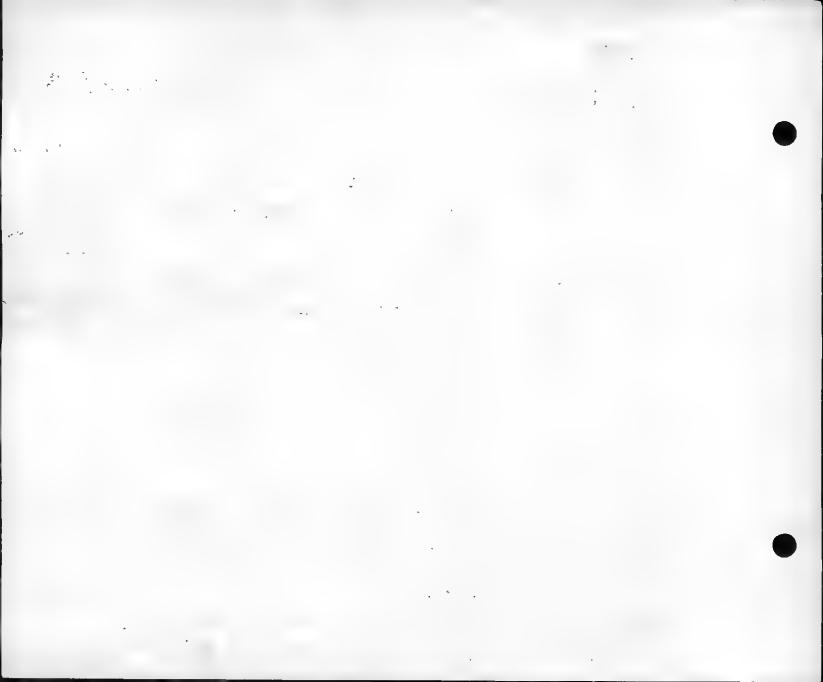
After this certificate has been signed by the attending physician and completely filled in page 3 shauld be delached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08433 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) h COUNTY o. COUNTY-MARYLAND Montgamery on Tgomery Pages b. CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give negrest town) 1 ms. POTON PATAL IS RESIDENCE ON A FARM? d. STREET ADDRESS NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) enmonT campletely fr NAME OF Middle Month OF DEATH DECEASED lune 20 67 10 nexent. (Type or print) executed AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a USJAL OCCUPATION (G've kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Marlow Coal Co. COUNTRY? A. gud physician Weight 13 FATHER'S MAME maslev 14. MOTHER'S MAIDEN NAM remava g phy Then Pannie Breslau nasel 05 ep 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 14113 Chelmsford Road (Yes, no, or unknown) If If yes give wor or dates of service) Б Joseph Moser Rockville Garyland cremation, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse prior to l PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While State 21. I certify that (1) (this hospital) attended the deceased from be retained and that death occurred at X / AM, from couses and on the date stated above sow the deceased olive on. بالمقال 22b. DATE SJGNED 22g SIGNATURE ATTENDING DIRECTOR M D director, page 3 should be filed v 22d_-ADDRESS 22c. PHYSICIAN S O FUNERAL NAME (Type) Merton S. White 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Parkalun Cemetery 1967 Rockville. Maryland 2Sb REGISTRAR'S SIGNATURE Smith 434 Georgia Avenue 25g REC'D BY REGISTRAR VR A15 (4) V Occionelan



1 -4-	tems 18-21 Film 3 7-13-67 ams DIVISI	ON OF VITAL RECORDS, 301 W. PR	DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE, MARYLAND 212	201
FOR STATE	08440		R'S CERTIFICATE OF DEATH	08435
HEALTH DEPT:	o COUNTY ON TAOME	MARYLAN	2 USUAL RESIDENCE (Where deceased lived if in	Still on Residence before admission) COUNTY. Prince Georges
2, and 3 to PM3 Page	b. CITY OR TOWN (If our new corporate write such a modern of the corporate with the corpo	times. c LENGTH OF STAY IN 11		
If any of 1, 2, or rm P.M. Deportr		(If not in hospital, give street address)	d. STREET ADDRESS 1409 Kanaley Wa	44 02 PES T NO BOT
ofter death If of Sione Poges 1, along with farm	3 NAME OF DECEASED LANTT	First Middle	ALS GOST A GATE OF	Sonth Day Year
8. Give along v	(Type or print) S SEX 6 COLOR OR RAC	7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In year	rs IF UNDER 1 YEAR IF UNDER 24 HRS y) Months Doys Hours Min.
haurs Office	10a USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	INDUSTRY	11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
within 24 penti in l cominer's e poges l hours afte	13 FATHER'S NAME	Own ho	14 MOTHER'S-MAIDEN NAME	U.S.H.
ed with per line per	Seorge Sur IS WAS DECEASED EVER IN U.S. ARMED FOI (Yes, no or unknown) [If yes, give wor or d	ates of service)	17 INFORMANT John Nokes 15	Bartlett Address N. Faulkland Sa.
d be executed rd "pending" in Ch'ef Medical E tronsit permit. F event within 72	18. CAUSE OF DEATH (Enter only or	$\frac{213-54-9513}{\text{ne couse per line for (a), (b), ond (c).}}$	Hosp. record Si	Luer Spring Md INTERVAL BETWEEN ONSET AND DEATH
-0: j	PART I DEATH WAS CAUSED BY IMMEDIATE C	AUSE (0) Fractured sk	ull with left temporal	VISCI AND DENI
te should the word I to the Cl a buriol-tru in any ev	Conditions, if ony, which gove) rise to immediate couse (a), stating the underlying couse ((b) subdural he	matoma	
fico iing rdec os and	PART I OTHER SIGNIFICANT CONDITION	(c)	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO	19 WAS AUTOPSY PERFORMED?
	200 EXTERNAL CAUSE WAS PRIMARY (\$\overline{\text{SOFT}}\) CAUSE OF DEATH	20b DESCR BE HOW INJURY OCCU	RRED (Enter noture of injury in Port 1 or Port 11 of item 15	YES NO
- 2 L			from stretcher in Emer	
= 0 × + c =	202 TIME OF INJURY Month, Doy, Y. 750 Hour one 6-4	19 67 While Not While of work of work	Hospital Takoma Pa	() ()
- 25 E E E		horge of the remains described abov atural couses [], Accident [],	re, held on Autopsy 💢 , Inspection 💢 , Suicide 🔲 , Homicide 🔲 , Undetermine	Inquiry (X), ond in my opinion dimonner (
Median pleose pleose I direct retoine DIRECT TO DIRECT T	ACTUAL SIGNATURE	in 16 (cat)	CH EF MEDICAL EXAMINER ASSISTANT, MEDICAL EXAMINER	22. DATE SIGNED
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to buriol, crema	EXAMINER'S BELDEN	IN NEARA	1. D. Addiest Steel Fly Town or county)	JUNE 7, 1967
TO DEPUI necessary the fune 5 may b TO FUNER Health p	230 BURIAL (REMATION, '3b DA REMOVAL (Specify) June	TE THEREOF 231 NAME OF METER	ry or REMATORY 230 LOCAT ON ICIY conal Cemetery Washingto	or Town, (Kounty) (State)
VR A15ME (5) 6M 1/67	Varier E. Pimphre	Hen Carte 8434 Georgi	a Avenue 250 RECD BY REG STRAR 25	Clientes July



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 28441 death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) and PLACE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death completely filled in by the foneral b COUNTY o. STATE c. COUNTY Montgomery MARYLAND Marvland hours after b. CITY OR TOWN (If outside corporate firmits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town)

Silver Spring

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Wheaton e. IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO be 12021 Viers Mill Holy Cross Hospita DATE Month Yeer ent, with NAME OF 19 67 DECEASED June Willard S. North DEATH (Type or print) IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH SEX 6 COLOR OR RACE 7 MARRIED TAC NEVER MARRIED remove eV Months Days lost birthdov) Hours 10-22-97 signed by the attending physician and co burial-transit permit. Then please remov burial, crematian, or remaval, and in any v DIVORCED WIDOWED 69 White Male 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10b. KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY Kealtu disming most of working life, even it retired Stock Broker & Realato Pennsylvania 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Laura Mc Conaughy William North 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO. Viers Mill Road 77-14-286 North Νο None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per June for (o), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse has been be detached for use as the State Dept. af Health priar ta lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for us 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (County) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20¢ TIME OF INJURY Month, Doy, Yeor Hour om. factory, street, office bldg , etc.) While Not While ot work at work 21. I certify that (1) (this hospital) afterned the deceased from and that death accurred at 7304 M, frant causes and an the date stated above. directar, page 3 shauld should be filed with the saw the declased 22b DATE SIGNED 22o SIGNATURA **ATTENDING** DIRECTOR PHYS. PHYS. 22d ADDRESS 22c. PHYSICIAN Robert C. Macon Viers Mill Rd .. Rockville. NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BURIAL CREMATION. 23b DATE THEREOF Trans-Uspecify) Miami Memorial Cemetery Horida Mianu-2 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPDS, 301 W, PRESTON STREET RAITIMORE MARYLAND 21201

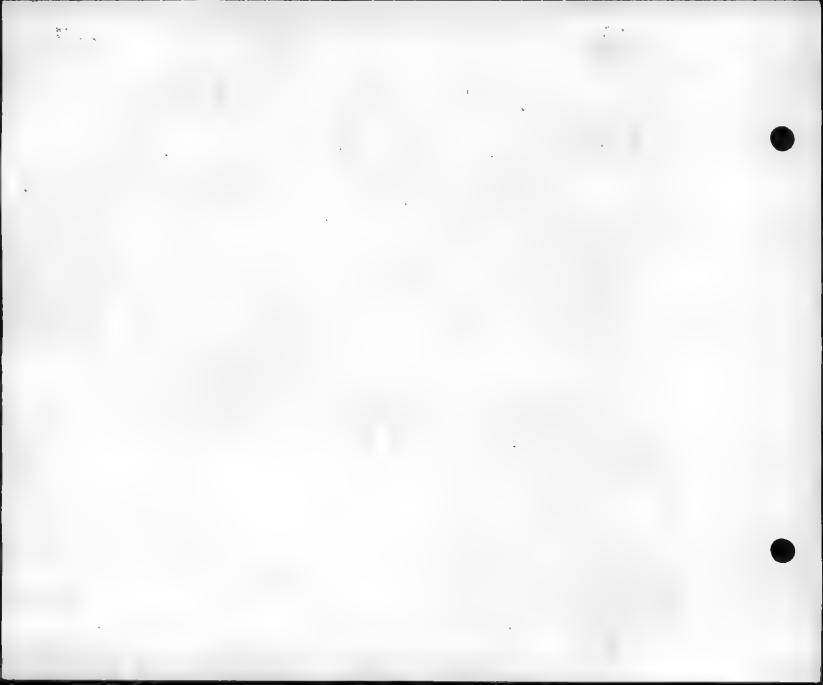
		DIVISION C	•	on sikeli, balimoki,	, MARILAND ZIZOI	00000
		98442	CERTIFICATE	OF DEATH	•	08437
		PLACE OF DEATH O. COUNTY Montage	Mer ()/ MARYLAND	a. STATE Wash;	b. COUNTY	, v
	-	b. CITY DR TDWN (If outside corporate limits write RURA, and give nearest town)	CANGTH OF STAY IN 16	c. CITY DR IDWN (If outside Washi)	to to the time of	ive neorest tawn)
	-	NAME OF HOSPITAL DR INSTITUTION (If no	9 11 4	d STREET ADDRESS	D14	e IS RES DENCE ON A FARM?
'	3 1	NAME OF FIRE	San. + Mospila		DATE Month	Onv Year
	- {	OECEASED (Type of pnat) Moun	garet Augusta	O'Brien	OF DEATH June	15 1967
		emale white	WIDOWED DIVORCED	B. DATE OF BIRTH 1-3-83	9. AGE (In years IF LNDE lost buthday) Months	
	dug:	. USJAL OCCUPATION (Give kind of work done ng most of working tile, even if retired) Kegistered Nurse	10b. KIND OF BUSINESS OR INDUSTRY	Vicainta	1 4	COUNTRY?
		FATHERS NAME Edward B. C	Brien	Martha	June Grac	e
	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) ((If yes give war ar dates of	f service)	Hospital	Records	
		1B. CAUSE OF OEATH (Enter only one cous PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (Carlinal 2	Granker.	*	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if any, which gave)	(b) Cerefuel	attenaces	lenasin.	
		nse to immediate cause (a), stating the underlying cause	·			
2	TION	PART II OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUY NOT RELATED TO	THE TERMINAL DISEASE CONDITI	DN GIVEN IN PART 3(a)	19 WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CERTIF CATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of njury in Part	t or Port II of item 1B.)	1 155 1 100 10
	MEDICA	20c TIME OF INJURY Month, Day, Year Haur o.m p.m 19		CE OF INJURY (Home, form, tory, street, affice bldg , etc.)	20f (Cr'y or town) (1	County) (State)
		21. I certify that # (this has saw the deceased alive an	oital) attended the deceased fram	t death occurred at 12	23 M, from causes and an	67, that 🖺 (we) last the date stated above.
		220 SIGNATURE	Hambell . M	ATTENDING MED	CTACC	BATE SIGNED
		22c. PHYSICIAN S NAME (Type)	4	22d ADDRESS		
	230	BUR AL, CREMATION, 23b. DATE THE			23d LOCATION (City or Jown)	(County) (State)
	24.	FUNDAL PRESTUR	17.1967 St. Marys Cer	2So. RECD BY		
		Shah Emaino	(Sexender 1/18	DANJUN 2	2.1 1967 June	Cas Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fareful director, page 3 should be detached far use as the burial-transit permit. Then pease remaye carbon papers. Pages, Pand 2 should be filed with the State Dept. at Health prior to burial, cremation, ar removal, asking event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEACHT DEPT. 2 USUAL RESIDENCE (Where deceased lived if institution Residence PLACE OF DEATH a COUNTY Mary lance Montguner Tond 2 with the Stote Deportment b CITY OR TOWN (If outside corporate 1 mits. CLENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town? write RURAL and give nearest town Kensington. d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? the certificate, writing the mord "pending" in pencil in Item 18. Give Pages 1, 5 should be forworded to the Chief Medical Examiner's Office along with form in Item 18. Give Pages 1, · Cedar Lane NO X 3. NAME OF Middle DECEASED (Type or pant) F UNDER 1 YEAR S SEX 9 AGE IF UNDER 24 HRS 6 CO. OR OR RACE 7 MARRIED last birthday) death WIDOWED 10a USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT Typewriter repairman in any event within 72 hod IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, na, or unknown) (If yes give wor or dotes of service 'Callaghan, Jg, Same as Item 2. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) NTERVAL BETWEEN SUCIO SOL burial-tronsit PART I. DEATH WAS CAUSED BY Head Insury MMEDIATE CAUSE (o) should Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause puo 90 19 WAS AUTOPSY PERFORMED? 3 should be used burial, cremation, or removal, PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate, 200 EXTERNAL CAUSE WAS PRIMARY STORY CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1 of Item 18) Lost control of cord was during + strock 7/ti/it, Pike 20d IN.JRY OCCURRED 20e PLACE OF NIJURY (Hame, farm, 20f (City or town) (County) (State) INAMINER: CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year O FUNERAL DIRECTOR: Poge Kensington Ment. 1967 Highway he funeral director. Page of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection XI, Inquiry X and in my opinion Natural causes . Accident death resulted from... Suicide . Hamicide Undetermined manner be retoined prior to ACTUAL

23c NAME OF CEMETERY OR CREMATORY

VR A15ME (5)

SIGNATURE

EXAMINER'S

NAME (Type) 230 BURIAL, CREMATION.

Burial (Specify)

24 FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland DATE

JOHN G. BALL

23b DATE THEREOF

6-5-67

23d LOCATION (City or Town) (County) Ft. Lincoln Cemetery Prince George County, Md.

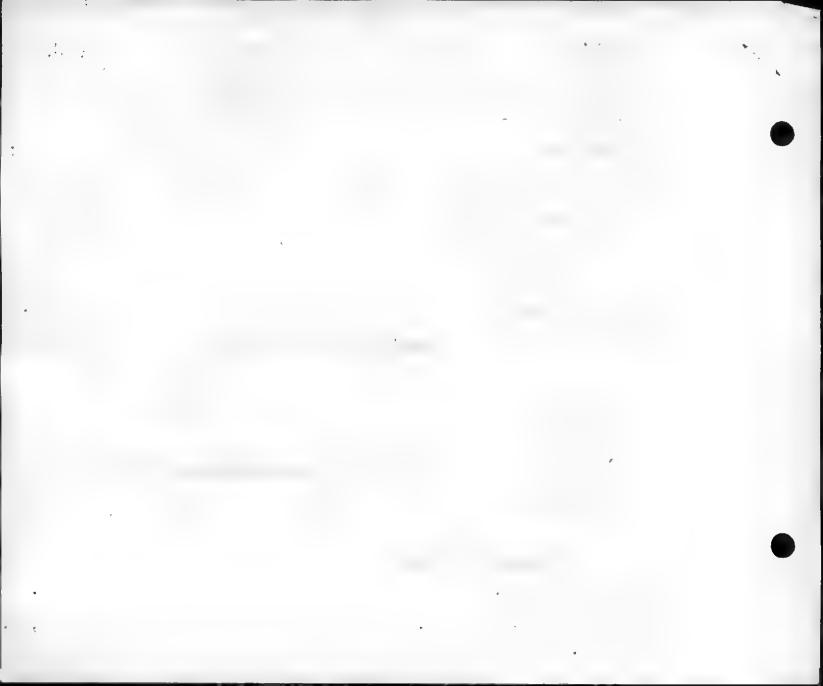
ADDRESS | 250 RECT BY REGISTRAR | 250 REGISTRAR'S SIGNATURE |

Address (Street, city, town, or county) Bethesda. Md.

ASS STANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

22. DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

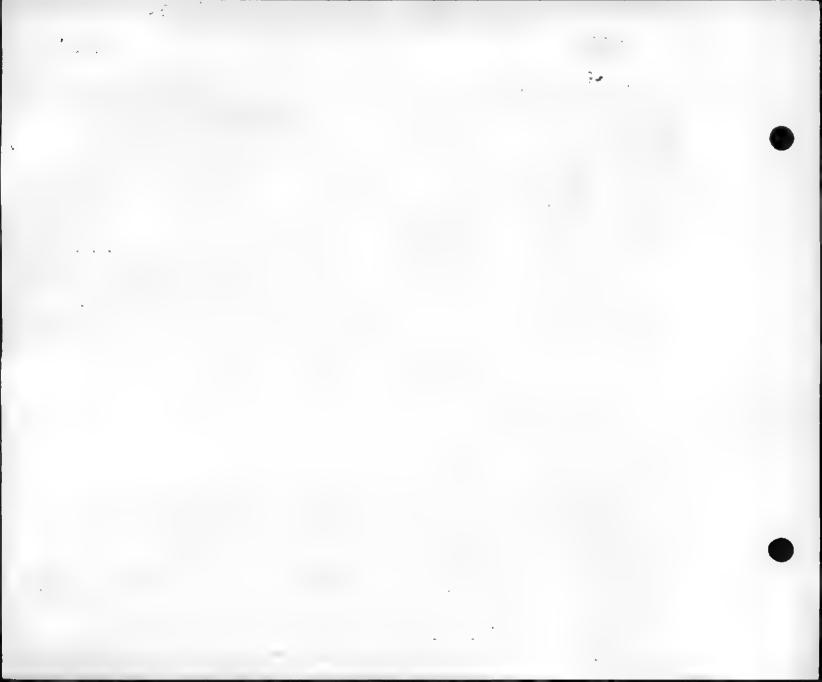
08444

CERTIFICATE OF DEATH

08439

	00444	CERTIFICATE OF	r DEATH	1	10200
ı	1. PLACE OF DEATH	1 2 U	USUAL RESIDENCE (Where decen	sed lived, if institut an Residen	te before admission) /
	O COUNTY OF THE	MARYLAND 0	STATE W. D.	COUNTY	KKI HADDISOM
	b CITY OR TOWN (If autside corporate limits, Note to		ITY OR FOWN (If outside corpore		
	MING KOWET ONG GIAS LIGORED SOMES (MIN)		EXELECTAL SAFERIA	Axxonimus xXX	vattsville '
	d NAME OF HOSPITAL OR INSTITUTION (It not in hospita		STREET ADDRESS	Warrishmon Ville	A. J e IS RESIDENCE
,	11 1 11/11/11	Give sileer codiess)	Mala Oalette	11 12	ON A FARM?
	3 NAME OF FIRST	Middle	lost 4. DATE	Month	Day Year
	DECEASED (Type or print) Anna	1 /	OF DEATH	6	6 19 6 7
	S. SEX 6 COLOR OR RACE 7 MARRIE	D NEVER MARRIED B. DAT	TE OF BIRTH 9		
	WIDOWE IN F	· A	-22-17	last birthday) Manths yrs.	Days Hours Min
			BIRTHPLACE (County & State, or fo		IZEN OF WHAT
	during mast af warking life, even if retired)	wn home	receipted Da	1100	UNTRY?
	13. FATHER'S NAME		MOTHER S MAIDEN NAME		^
	Hassy E. lie	Way.	THE PROPERTY OF THE PARTY OF TH	VVINNOUNTERV	Jones
	15 WAS DECEASED EVER IN U.S. ARMED FORCES?	6 SOCIAL SECURITY NO 17 INFOR	MANT	Address	
	(Yes, ng, ar unknown) (If yes give war or dates of service)	Wen Edwa	rd Coans 441	O Oglethorpe	st.
	18. CAUSE OF DEATH (Enter only one cause per line	7,20	ज्य पृथ्यम् विभूव	ttsville, Mar	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	GLIOBLASTOMA	A		INSET AND DEATH
	IMMEDIATE CAUSE (a)				
	Canditians, if any, which gave) (b)				
	rise to immediate cause (a), DUE TO				
	lost. (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BLT NOT RELATED TO THE TE	RMINAL DISEASE COND T ON GIVE	N IN PART I(a)	19. WAS AUTOPSY PERFORMED?
,	PROBABLE BA 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLASSE OF DEATH OR CONTRIBUTING CLASSE OF DEATH OR CONTRIBUTING CLASSE OF DEATH	CONCHOPNEUMON	VA		YES NO
	200 ACCIDENT WAS UNDERLYING (20b.	DESCRIBE HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Par	t II of item 18.)	
	The state of the s		IN, URY (Hame, form, 20f	(City or town) (Cou	.nty) (State)
	Haur a.m. 19 atw	ule Nat While I factary, str	reet, affice bldg , etc.)		
	21. I certify that (1) (#his-baspite!) atte	ended the deceased from JU	NE 1966 1	a 6 JUNE, 196	.Z, that (I) (we) last
	saw the deceased alive an 5 J	UNE 1967, and that dea	ith occurred at/249AN	l, from causes and an th	ie date stated abave.
	2Zd. SIGNATURE "	- 10 A	ATTENDING A MED	STAFF 22b DA	ATE SIGNED / 7
	Morrill - Sm	Conson M.D PI	PHYS DIRECTOR	PHYS. L.	6-0/
	NAME (Type) MORRILL C.	QUINNAM JEN	D 83/ UNIVER	ESITY BLUD, E.	SILVER
П					SPRING=
	230 BURIAL CREMATION, 236 DATE THEREOF Drans-burial June 9, 19	23c NAME OF CEMETERY OR CREMA		1 22	(County) (State)
	Trans-burial June 9, 19	67 St. John's Cem	250 DEC D BY DECIST	ibura, Penna. RAR 1286 REGISTRARS SI	CNATHOR
	Charles Call lan.	8434 Georgia Hven	ine		_
	Warner E. Pumphrey, Inc.	Silver Spring. Md	DATE HIALO	1007 Min	Ma Carlet

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the "uneral director, page 3 should be detached far use as the burial-transit permit. Then please remave cerbarrapges. Pages I and should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 2 hours offer good Page 4 may be retained by the haspital ar attending physician VR A15 (4) 25M 1/67



completely filled in by the funeral ave corbon popers. Pages, Land

remave corbon popers. Pay

director, page 3 should be detached for use as the burial-transit permit. Then pleasely should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the

signed by the ottending phy buriol-tronsit permit. Then

MARYLAND STATE DEPARTMENT OF HEALTH

-	DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201							
	38445 (CERTIFICATION OF STREET	e of death 08	3440					
	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	, .					
	MARYLAND MARYLAND	Marshand Marker						
	b CITY OR JOWN (If autside orporate limits, c. LENGTH OF STAY IN 1b write, RURAL and give nearest town)	c CITY OR JOWN (If autside corparate limits, write RURA) and give	e neores (own)					
	Della da 40 days	Dithisda	1= 1					
λ	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d STREET ADDRESS /	e IS RESIDENCE ON A FARM?					
	Sulverban Hespital	6824 Winnepeg Kond	YES NO					
	3 NAME OF PIRST Middle	Cost 4 DATE Month	Day Year					
	(Type or pnnt) LOWARD JAMES	OSTEN DEATH TUNE	3 1967					
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (in years IF JNDER Manths	TYEAR IF UNDER 24 HI Days Haurs Me					
4	nale white WIDOWED DIVORCED	4/21/12 55 Vis	<u> </u>					
	10a. USUAL OCCUPATION (Give kind of work done during mpst of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT					
	Editor U.S. Hir Force	SOUTH DAKOTA	USA					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	JAMES J. OSTEN	SARAH BETHEL						
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng, gr unknown) (Iff yes give war or dates of service)	INFORMANT (WIFE) 682 Address	FREG RU					
	VES 1943-1946 485-05-9924 M	IRS E. J. OSTEN BEHESDA						
	18 CAUSE OF DEATH (Enter only one cause pensine for (a), (b), and (c))		INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TEMOR NATAGE	CONTRIBORY, SPOWTHWOOLS	AND DEATH					
	MSGX DUE TO							
	Conditions, if ony, which gove) (b) O YARTER	D'S NODOSA	C-MO-					
	nise to immediate cause (o). stoting the underlying cause							
	los1 (c)							

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a)

22a SIGNATURI

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part fl of tem 18)

20d INJURY OCCURRED

20e PLACE OF INJURY (Hame, form, factory, street, affice bldg, etc.)

(City or town)

fram causes and

(County) (State)

on the dote stoted obove

YES

WAS AUTOPSY PERFORMED?

NO

Not While at work 19 21. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive

and that death occurred

MED. DIRECTOR 22d ADDRESS

DATE SIGNED

BURIAL, CREMATION, REMOVAL (Specify) REMATIO 23b

PHYSICIAN'S NAME (Type)

200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

TIME OF INJURY Month, Day, Year Hour a.m.

DATE THEREOF

4世が、以下

NAME OF CEMETERY OR CREMATORY

2Sa REC'D BY REGISTRAR

(Stote)

24. FUNERAL DIRECTOR

ADDRESS WASH

DATEUN

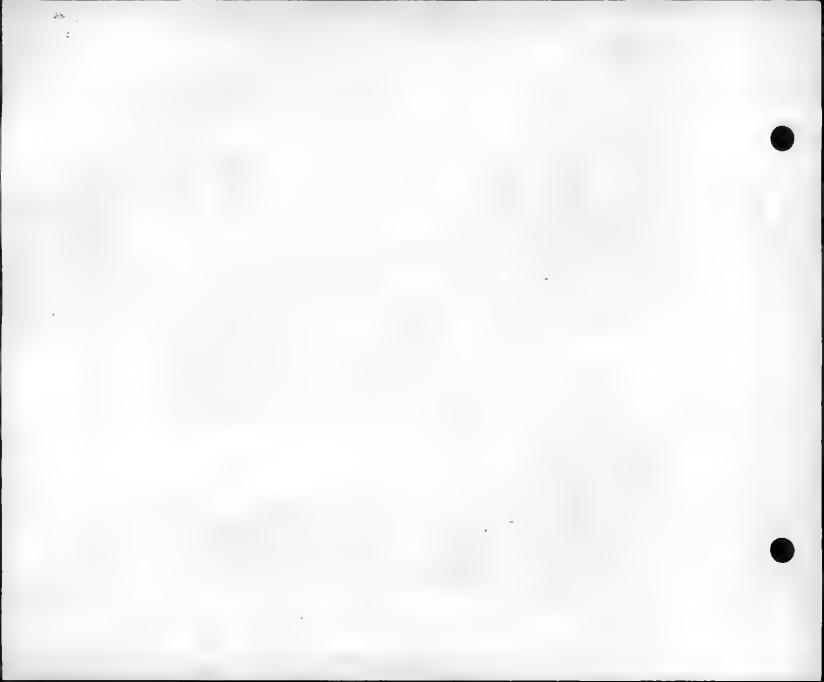
TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 25M 1/67

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth.

Poge 4 may be retained by the haspital or ottending physician.



. 2	08446 Œ	RTIFICATE OF DEATH	08441
and	O. COUNTY MONTGOMERY	MARYLAND 2 USUAL RESIDENCE (Where deceosed fived, 1	f institution Residence before admission?
n by the saft hours aft	b CITY OR TOWN (If outside corporate limits, The RURAL and give nearest town) COC, KUILLE MO:		ON 430
filled in 1 papers. hin 72 ho	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddr	d. STREET ADDRESS 1316. NEWHAMPSHI	RE, NW. 0 IS RESIDENCE ON A FARM?
cuted withing property for certain with	DECEASED (Type or print) CECELIA ELIZA		
and com	FEMILE WHITE WIDOWED D	IVORCED AUG. 7, 1886 SO	Months Doys Hours Min
ficate be ysician c please al, and ir	duran most of working life, even if refired)IND_STRY	NG ST. PAUL, MINA	COJNTRY 2
quires that the death certificate be exphysician. Signed by the attending physician and burial-transit permit. Then please refute burial, crematian, ar remayal, and in an	TRATHUR G. OTIS IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unknown) [If yes give wor or dotes of service] 16 SOCIAL SECURIT	IY NO 17 INFORMANT	TACRE Address O O
requires that the death certificate be executed within 24 hours after a physician. I signed by the attending physician and completely filled in by the signed by the attending physician and completely filled in by the burial-transit permit. Then please retrove carbon papers. Pages burial, trematian, ar remaval, and in an event within 72 hours often	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), Good (c) PART I, DEATH WAS CAUSED BY.	ELIZ. DAVIES, GG24 RAN	UNDER MY WETH M INTERVAL BETWEEN OBSET AND VERTIL
quires that the physician. signed by the burial-transit burial, cremain	IMMEDIATE CAUSE (o) 491X DUE TO	i neno fuennemea	D/14
w requi	rise to immediate cause (o), storting the underlying cause lost. (c)	,	
: The la or attenc te has b use as alth prio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T (0) 19 WAS ALTOPSY PERFORMED? YES \[\] NO (
YSICIAN aspital certifical certifical thed for	OR CONTRIBUTING D'CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NURY OCCURRED (Enter noture of injury in Port I or Port II of iten	
ING PH by the h fter this be detacted	20c TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d INJURY OCCURRE While of work of wor	factory, streef, affice bldg., etc.)	town) (County) (State)
ATTEND stained I CTOR: Al shauld I ifh the S	saw the deceased alive an 6/10/6 19	and that death accurred at a Self from	causes and an the date stated about
MAL OR may be re RAL DIRE	22: PHYSICIAN'S NAME (Type) COPU CONTROL OF THE CASE O	ATTENDING MED DIRECTOR DAY 22d ADDRESS OCIONAL STA	15 0 6/10/6/
HOS 3ge 4 FUNE FUNE Pauld	230. BURIAL CREMATION, 23b DATE THEREOF 23c NAME	OF CEMETERY OF CREMATORY OF REMATORY OF CEMETERY OF CREMATORY OF CE	A 1
P P P P P P P P P P P P P P P P P P P	24. FUNERAL DIRECTOR ADDR	RESS 2SO REC'D BY REGISTRAR	255 REGISTRAR'S SIGNATURE

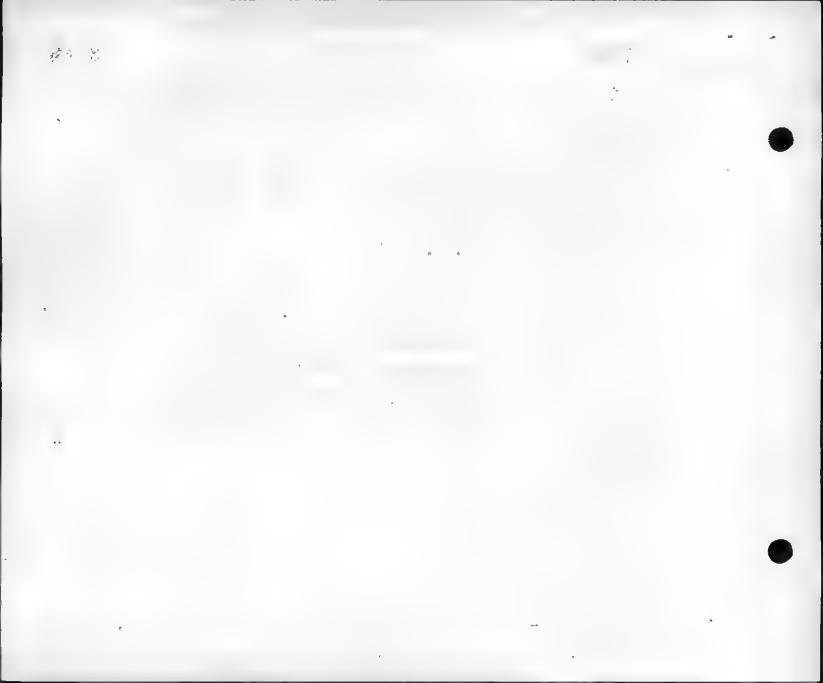


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

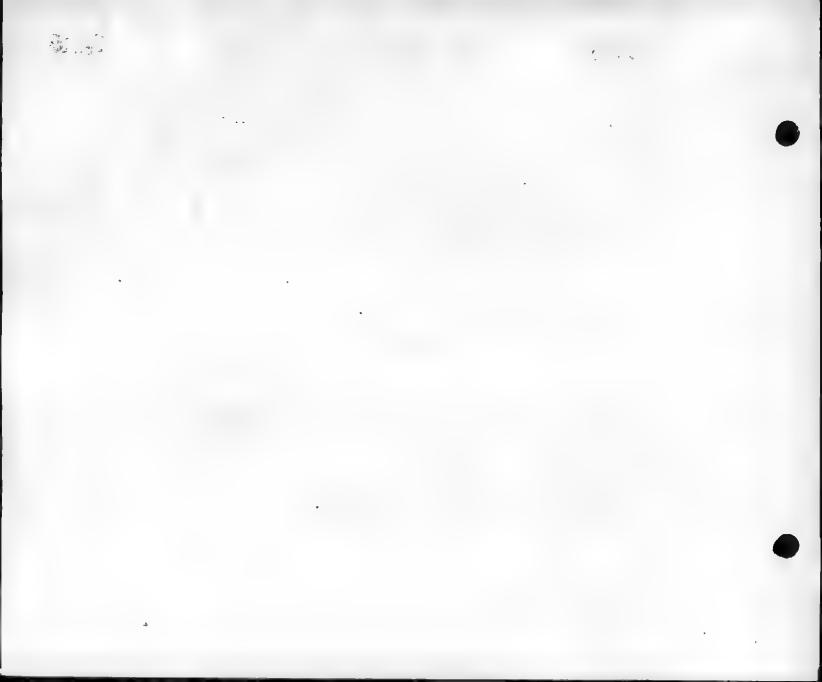
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HEALTH-DEPT.	1 1	LACE OF DEATH					Vhere deceased lived it inst		iefare admissian)
いの強制を	(Montg	omerv		MARYJAND	o STATE Penn	sylvania b ((OUNTY	,
360	i	CTY OR TOWN (If autsid		1 ()	ENGTH OF STAY IN 16	CCITY OR TOWN II au	tside carparate limits write	RURAL and give ne	egrest tawn)
d du de		write RJRAL and give n	iearest tawn)			11	delphia	5	,
Par Par		Silver Sp I NAME OF HOSPITA, OF I	ring	haca ta a va c	24 hrs.	d STREET ADDRESS			e iš REŠIDĖNCE
E-E O	-	Holy Cros			ricer address)		shawe St		ON A FARM? YES NO EX
w thin 24 hours after death If any or penal in Item 18. Give Pages 1, 2, a xominer's Office along with form PM ile pages I and 2 with the State Depart hours offer death.				- 0.1					
deoth with f		IAME OF	Frst		Midd e none	Oxman	OF G	_	Day Year 9 19 67
ive ive		Type or print)	Alic				9 AGE IIn years		2 19 0 1
after of Give along with the		emale 6 COI	whitel	MARRIED X	NEVER MARR ED	8 DATE OF BIRTH	last huthday)		lys Hours Min
oth			W	IDOWED	D VORCED	1-1-1888			
hours Item 1 Office I and 2 ir death	10a	JSUAL OCCUPATION (Give k	nd of work done	10b K ND O	F BUSINESS OR	11 B RTHPLACE (State		12 CITIZE	N OF WHAT
24 in 1		ng mast of wark ag life eve 10USEWLIE	T Tronica)	111007			parre, Pa.		"Ú.S.A.
nin Inel Inel Inel Inel Inel	13	FATHER S NAME				14 MOTHER'S MAIDEN	VAME		
w thin 2 bearing Exominer File page 2 hours of		Barnett					Sarah Coher	1	
T.E 3 4 2	15	WAS DECEASED EVER IN U.S.s., no. or Unknown) . [[f yes o	ARMED FORCES?		L SECURITY NO 17	INFORMANT		ddress	C+
executed nding" if Medical permit.		10	live wal or dones at sen	714	-09-9001	Benjamin	oxman (hus	spandy F	hila:Pa-
pending" in ef Medical E		18 CAUSE OF DEATH (E		ar line for (a), (b), and (c).)				INTERVAL BETWEEN
d be e rd 'per Chief / tronsit		PART 1. DEATH WAS	MMEDIATE CAUSE (a)	COL	OMaryI	nsufficer	cy Acuta	دا	ONSET AND DEATH
E E C S S		4201	DUE TO		r				
should he word to the Cl bund tra a any ev		Conditions, if any, which		Cal	dio 123	culor Di	84234		yeors
the slate sl		rise to immediate cause stating the underlying of							
firote traded rided as o		last.	(c)						
certificate should , writing the word orwarded to the Ch used as a bund tra oval, and in any ev		PART IL OTHER SIGNIFICA	INT CONDITIONS CONTR	IBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN N PART (a)		19 WAS AUTOPSY
	CERTIFICATION								PERFORMED? YES NO
ER: This certificate, ould be faces. es. hould be a hould be a hould be a nor remo	E I	20a EXTERNAL CAUSE WA	45	20b DESCRIB	E HOW INJURY OCCURRED	(Enter nature of injury in	Part Lar Part II of Jem 18)		
	CERT	PRIMARY Or CONTRIBUT	IING 🗆						
EXAMINER: ute the cert age 4 should r your files. Page 3 shou		20c. I.ME OF INJURY Mo	onth Day Year	20d INJURY	OCCURRED 20e PLA	ACE OF INJURY 'Hame, farn	20f (City or town)) (Caunty	(State)
the 4 s and 1 material and 1 materia	MEDICAL	Hour a.m.	19	While		tary, street, office bldg., etc.			
EXAMute thute thuse 4 your your Page crema		p.m.		at work	s described above, hi	old as Autonou 🗆	Inspection X, Ir	nguiry 🕱,	and in my apinia
AL Bexed		,					Arr.		und in my upinru
		death resulted fro	am Natural co	ouses [A],	Accident [_], 331	cide, Hamicide CHIEF MEDICAL		manner	
MEDIC, please e d rector retoined DIRECT IT to bur to bur it to bur it is a pur it is a pu		ACTUAL	O la	es 1.	3,00			11	22. DATE SIGNED
		SIGNATURE	Jarra.	1. 00		M D DEPUTY MED C	- 64	10/67.	
cessory, cessory, a funeral moy be i		EXAMINER'S NAME (Type)	hn G. Ba	11			t cty town or county)		
	23.	BURIAL, CREMATION,	23b DATE THEREO		NAME OF CEMETERY OR		23d LOCATION (City or	Town) (Co	iunty) (State)
5 a + 2 0 a + 2 0 a	200	REMOVAL (Spec, ly)	JUNETY			E CHMWIER		1	,,,
_	7.4	FUNERAL D. RECTOR	1-0/15/1/	110		-14th my	BY REGISTRAR	AEGISTRARS SIGN	AURE
VR A15ME (5) 6M 1/67			mon oless o	Sana	St.NW.Wa		1 4 196/	marcis &	-0-
GINI 1707	ре	rnard Dan:	Lalisky &	20112	OC. 14M. Mg.	Sh. LC. DATE			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08443 CERTIFICATE OF DEATH within 24 hours ofter deoth USUAL RESIDENCE (Where deceased lived if institut on Residence before admission) I. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside exporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the c LENGTH OF STAY IN 16 ETHESDA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Ξ Juburban 06 OLD GEORGE TOWN YES NO 🔀 NAME OF Middle 4 DATE <u>\$</u> DECEASED Ock DEATH 196 (Type or print) and in ony event, The low requires that the death certificate be executed IF UNDER 24 HRS AGE 7 MARRIED birthdoy) DIVORCED WIDOWED puo 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if ret.red)
Retired COUNTRY? 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME buriol, cremation, or removal, 15 WAS DECEASED EVER IN ... SARMED FORCES?
(Yes, no_or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Same as 7-44-4829 Grace A. Pollock INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burrol-tronsit ONSET AND DEATH Gastrointestinal hemorrhage IMMEDIATE CAUSE (o) ruptured esophageal varices Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been s snown be detached for use as the with the State Dept. of Health prior to cirrhosis, Laennec's WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIF CATION YES 🔽 NO After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port) or Port II of item 18) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. Not While foctory, street, office bldg , etc.) 21. I certify that (1) (this hospital pottended the deceased from -M, from couses and on the date stated above and that death occurred at sow the deceased alive on TO FUNERAL DIRECTOR: DATE SIGNED 22o SIGNATURE M.D DIRECTOR director, page 3 should be filed v 22c PHYSICIAN S 1234 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR-AL CREMATION. 23b THEREOF Burial (Specify) Monocacy Cemetery 6-23-67 Beallsville 256 RECISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland DAN VR A15 (4) 25M 1/67



Items 18&21 film 390 7-A4-MARYLAND STATE DEPARTMENT OF HEALTH



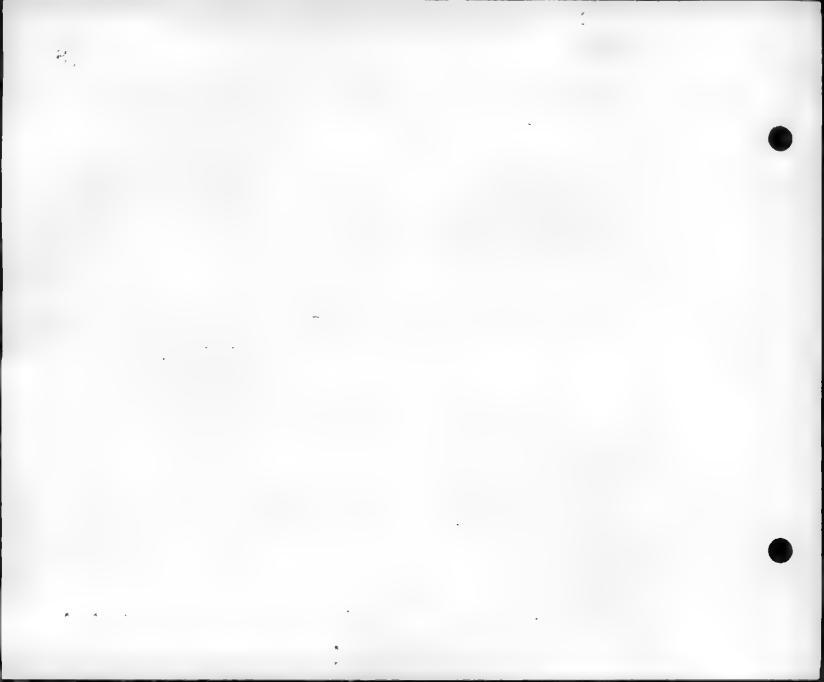
301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS 301

ORAMS

	00800	CERTIFICATE	OF DEATH	00330
	PLACE OF DEATH			ved, if institution Residence before admission)
	O. COUNTY Montoon	1. e R'Y MARYLAND	· STATE Mary land	6 COUNTY Montannery
	b. CITY OR TOWN (If outside corporate limits,	CLENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give negrest town)
	write RURAL and give nearest town	30 /m	Bothesda	15.1
	d NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	3510 Salem Was	y Bethesda Nd	3510 Jalem Way	YES NO NO
3	NAME OF FIRST	Middle	Lost 4. DATE OF	Monthy Doy Year
	(Type or print) GERIAUA	e Loretta	YET MIZER DEATH	5/2-4/27 19
S		MARRIED NEVER MARRIED	Sales of Birth	E (In years IF UNDER 1 YEAR IF JNDER 24 HRS IF JNDER 24 HRS Months Doys Hours Min
10.		WIDOWED DIVORCED S	10/4/0 1900 1	ALY YES
dui	o USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	106 KIND OF BUSINESS OR UNDUSTRY.	11 B/RTHPLACE (County & State or foreign	COUNTRY?
13	FATHER S NAME	103 GOVERMENT	14 MOTHER'S MAIDEN NAME	06. 05.4
	1	ver	Landatte C	GRAU
	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 II	NFORMANT	ILL Address + ST
(¥	es, no, or unknown) (If yes give war or dates of se	rvice)	mes E Paules S	entle wash 918109
-	18 CAUSE OF DEATH (Enter only one couse		THES - TOWER S	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	So maridi Co	recorn 1 1 P	ONSET AND DEATH
	148 X DUE TO	- Marine M	The Contract of the	to Comment
	Conditions, if ony, which gove) (b)	with nor	6 rode Metal	takes 6mos
	rise to immediate couse (o), Stoting the underlying couse DUE 10			
	last (c)			
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED?
Ē	On a Color by the pro-white T	Tool accorde their miller overhers		YES NO
CERTIFICAT	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	ZOD. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II o	r nem as)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Yeor	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, farm, 20f (Cr	'y or town) (County) (State)
MEDICAL	Hour o.m.	While Not While focts	ory, street, office bldg., etc.)	(Anne)
	21 certify that (I) (this hasnit	of work of work of tram	2-/2-4 195 / 10	6/24 , 1967, that (1) (well last
	saw the deceased alive an		1 1 2	am causes and an the date stated abave
	220 SIGNATURE	10		22b DATE SIGNED
	Fredom & M	ATUM M.D		STAFF PHYS 0 6/24/67
	22c. PHYSICIAN'S NAME (Type)	V 10-441	22d ADDRESS	3 1 1 1 1 1 1 1 1
_	- LYSUS VIEW	Y. VINIAN	VOYOR CONNECTIO	UT ALLEY Kennylow Nid
231	BURIA., CREMATION, 23b. DATE THERE	23c NAME OF CEMETERY OF C	Cemetery 23d 10(A)K	The Cond D (Cond) (Stote)
2.	4 FUNERAL BREESONT A Parmy	Annesco		25b REGISTRAR'S SIGNATURE
L	Robert A Pumphrey		DATELL O 10C	and # 10 and
		T) a dela a a d a	noted 1 Dept. 1 12 15010 i	

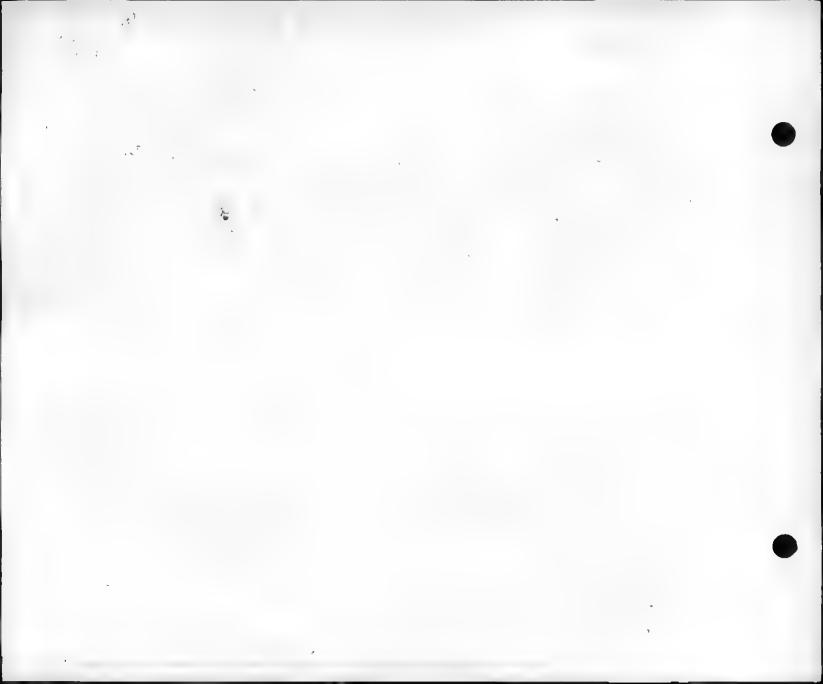
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TO MOSMITAL OF ATTRIBUTE MIYICIAN: The law requires that the Leath certificate be executed within 14 hayrs after death.



1 //	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FORSTATE	98451 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08	3448
HEALTH DEPT.	1 PLACE OF DEATH O COUNTY O STATE MARYLAND MARYLAND O STATE MARYLAND O STATE MARYLAND O STATE O STATE	mery
If Cy de sam PM3 arm PM3	write Rural and give necrest toy Dirk Jakoma Fark d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) Wash. Son + Hospital 209 Southam DTon L	8 IS RESIDENCE ON A FARM? YES NO P
haurs after death. If collem 18. Give Poges 1, Office along with farm tand 2 with the State De r death.	NAME OF DECEASED (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years loss but block) Months 1	Doy Year 11 19 67 YEAR F UNDER 24 HRS. Doys Hours Man
	Thate white wibowed Divorced 4 4-25-1923 4 4 7 is 100 LSUAL OCCUPATION (Give kind of work done during most of working life, even fretured) 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or firety country) NDUSTRY BOOKSTOYE WASHINGTON, D.C. COUNTRY	IZEN OF WHAT
I within 24 n pencil in Examiner's File pages 2 haurs affe	SAMUEL XAPPAPORT VENNIE WEISS	- Aus
e executed pending' in of Med'cal E sit permit. F	(Yes, no. of unknown) (If yes give wor or dotes of service) 579-28-244 Jas EDIA RAPPAROET TAKENIA THE	
wa wa	8 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute myocardial dis. Condutions, if ony, which gove (b) Inse to Immed at a couse (o). DUE TO DUE TO	ONSET AND DEATH 71/2 hrs. Yrs.
vertification writing or seed as a s	stoting the underlying couse Coronary atherosclerosis	Yrs. 19 WA AUTOPSY PERFORMED? YES NO
Thi if be	PR.MARY Or CONTRIBUTING O	
EXAMINER: ute the cert age 4 shaule your files. Page 3 shou cremotian, a	Hour o m. While Not While of work at work foctory, street, office bldg, etc.)	(Ytate) (Ytate)
MEDICAL E. Diease execudirectar. Pagestoined for DIRECTOR: For Italian buriol, c. r. ta buriol, c.	21 certify that I took charge of the remains described above, held on Autopsy , Inspect on , Inquiry , death resulted from Natural couses , Accident , Suicide , Hamicide , Undetermined manner	
TY, Parol perol Se re	ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME Type Address (Street city town or county)	22. DATE SIGNED
TO DEPU	23g BARIAL GREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR GREMATORY 23d JOCATION (City of TOWN)	PS. MO
VR A15ME (5)	EXPRESION 14 1967 POLICE ADDRESS DE LE STRUCTURE 42/7 97457. U. W. DATE 250 PEGISTRAR SE STRUCTURE 42/7 97457. U. W. DATE 250 PEGISTRAR SE STRUCTURE 42/7 97457. U. W. DATE	Juage

Items 18&21 Film 390 7-21MARYLAND STATE DEPARTMENT OF HEALTH



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

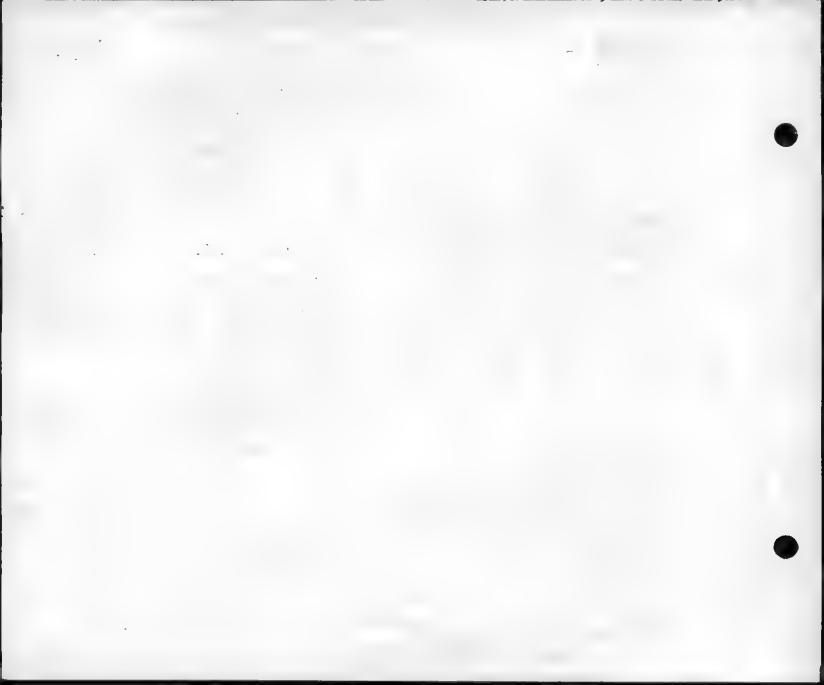
Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fanetal director, page 3 should be detached for use as the burial transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hour afer. Dept.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, RALTIMORE, MARYLAND 21201

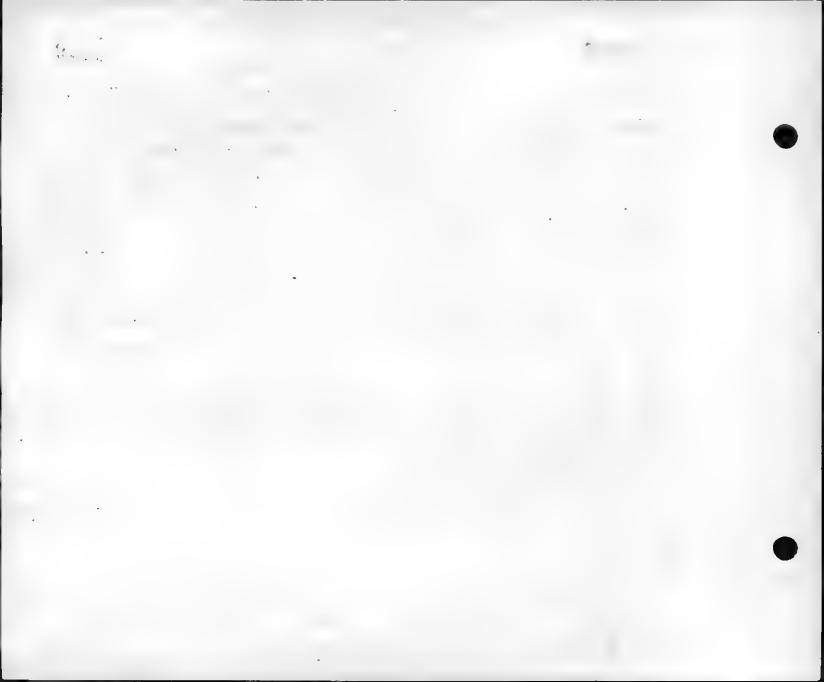
١	08452	CERTIFICATE	OF DEATH	0	8447			
	1. PLACE OF DEATH Q. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o STATE b. COUNTY Montgomery					
ľ	h CITY OR TOWN (If outside cornorate timits	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porote limits, write RURAL and g	eve nearest town)			
	Swite RURAL pad give nearest town) Switch Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in h	5 years hospitol, give street oddress)	Silver Spring d STREET ADDRESS	7	e IS RES DENCE ON A FARM?			
	1805 Junis Road		1805 Junis R	oad	YES NO C			
1	3 NAME OF DECEASED (Type or print) Ella	Middle Traynor Ray	Lost 4. DAT	/2	29 1967			
	S SEX 6 COLOR OR RACE 7. N	MARRIED NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years IF JNDE Months	R 1 YEAR			
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (County & Stote, of Ulashington, D) 14. MOTHER'S MAIDEN NAME	or foreign country) 12	CTZEN OF WHAT COUNTRY?			
	William Trayror 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of serv	ice) Les Lau	Mary Jane Chai HORMANT La J. Renshaw	npion 1805 Jupis Legen pe	Road Maryland			
	18. CAUSE OF DEATH (Enter only one couse pe PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nise to immediate couse (o), stating the underlying couse (b) DUE TO (c)	Sonele	ty	ochou.	ONSET AND DEATH			
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING	IBUTING TO DEATH BUT NOT RELATED TO TO TO TO TO THE SECOND			19 WAS AUTOPSY PERFORMED? YES NO			
	20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 21 certify that (1) (this hospital	While at work Not While of work of wor	ary, street, office bldg., etc.)	to June 19	County) (State)			
	saw the deceased alive an 220. SIGNATURE	74 1967, and that	111104	STAFF 22b.	the date stated abave. DATE SIGNED - 29-67			
	22c. PHYSICIAN'S NAME (Type) BERMARD	A FITZGERALD	22d. ADDRESS 217 WWW. B	LUBE. Silve	PSP. Ma			
	230. BURIAL, (REMATION, 236. DATE THEREOF REMOVAL (Specify)	967 Congressional	Comotony 11	LOCATION (City or Town) ashington. D.	(County) (Stote)			
	24 FAVE DURE EDE TO C. Glen (arter8434 Georgia A	DATE DATE DATE	STRAR " 2Sb. REGISTRAR'S	s signature			



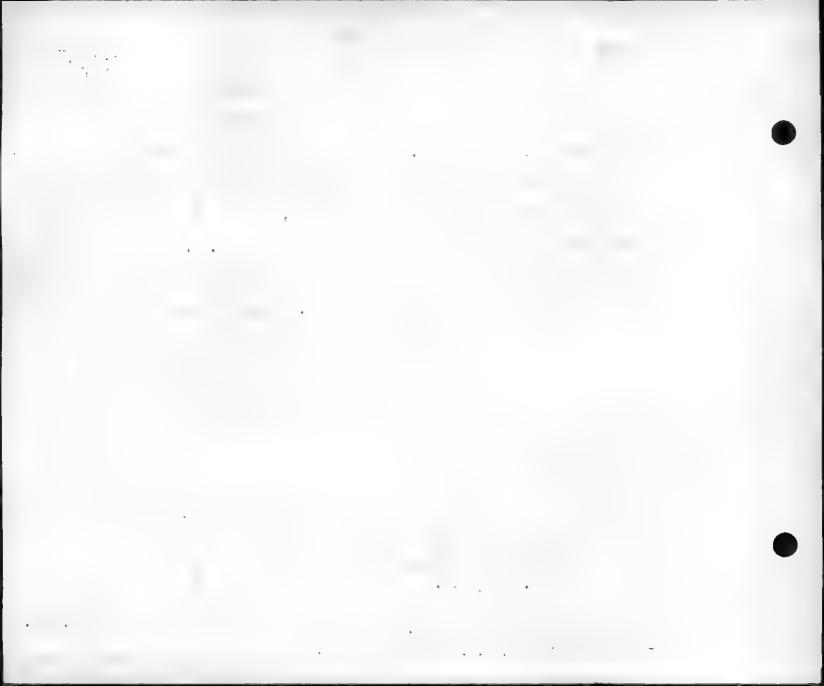
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

98453	CERT	IFICATE OF DEATH		08448			
1 PLACE OF DEATH O. COUNTY Montgomery		2. USUAL RESIDENCE (1) ARYLAND Paryland	Where deceosed lived, if institut an b. COUNTY Montgon				
	town) TION (If not in hospital, give street address),	d Silver Sp	utside corporate limits, write RURAL o				
Suburban Hospita 3 NAME OF	First Middle	4401 East	West Higheay 1 4 DATE Manth	YES NO C			
DECEASED (Type or print)	Catherine	· · · · · · · · · · · · · · · · · · ·	OF June	26 19 67			
female 6 COLOR OF White	RACE 7. MARRIED NEVER MARK WIDOWED 🔀 DIVOR	CED Hug 20, 1889	last birthday) Mc	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min			
Tog USUAL OCCUPATION (Give kind of during most of working lite, even if retifications). FATHER'S NAME	wark dane red) 10b KIND OF BUSINESS OR INDUSTRY Own home	Baltimore 14. MOTHER'S MAIDEN	147 171711	12 CITIZEN OF WHAT COUNTRY?			
Henry Schirner IS. WAS DECEASED EVER IN U.S. ARME (165 no. or unknown) (If yosgive wo	D FORCES? 16 SOCIAL SECURITY NO 577-30-722		Address	ton Drive			
PART I. DEATH WAS CAUSE IMMEDI Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	ATE CAUSE (o) DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH			
PART II OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING TO DEATH BUT NOT 20b. DESCRIBE HOW INJURY	RELATED TO THE TERMINAL DISEASE COI		19. WAS AUTOPSY PERFORMED? YES NO			
(IF EITHER, NOTIFY MEDICAL EXAM 20c TIME OF INJURY Month, Do Hour a.m. p.m.	INER)	20e. PLACE OF INJURY (Hame, farm factory, street, office bldg., etc.)		(County) (State)			
21. I certify that (I) sow the deceosed ali 22a. SIGNATURE	21. I certify that (I) (this hospitol) attended the deceased fram						
22c PHYSICIAN'S NAME (Type)	STAN GINALE	M.D. PHYS 22d ADDRESS	DIRECTOR PHYS.	, eu ., +,			
Bureal (Specify) 2	ine 30, 1967 Cedar H	emftery or crematory III Cemetery	Suitland, Mar	*			
Warner & Pumph	Stenlasty 8434 Georges	gia Avenue 250 REC'I		PAR'S SIGNATURE JUNGSE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 And should be filled with the State Dept. of Health prior ta burial, cremation, ar removal, and in any event, when 72 hours after deas VR A15 (4) 20 M 1/6d



_ 1	Items 12-1 Film #391 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	08454 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0844	
HEALIH DEPI.	1. PLACE OF DEATH o COUNTY MOINT 90 MERV MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before o o STATE MARYLAND MARYLAND MARYLAND	
deloy 1, 2, and 3 m PM3. Par	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DOA Sansington, The	own)
oth. If ages 1, 2, which form if form is store Dept.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street oddress) d STREET ADDRESS	S RESIDENCE ON A FARM? S NO.
	3 NAME OF Fist Middle Lost Reeve 4 DATE Month Day OF OF OF DEATH JUNE 20	Year 19 6 7
8 - 0 N =	S SEX 6 COLDR DR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (11 YEAR) IF	HOLES Min
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF W COUNTRY? 13 COUNTRY? 14 COUNTRY?	HAT
ed within 24 n pencil in d Exominer's r File poges 72 hours ofte	ORLAD ROGERS - Deceased Cecile Linson	
executed of normal of the control of	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 3224 Georges Street No. o. None 295-22-6102 Claude L. Reeve Kensington, Marylas	ud
should be executed within 24 sword "pending" in pencil in the Chief Medicol Exominer's unal-tronsit permit File pages any event within 72 hours often	I B CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and (c))	VAL BETWEEN AND DEATH
woll woll y	Conditions, if ony, which gove) (b) Out in a carrhytamia	
ing the	ase to immediate couse (o), stating the underlying couse (c) DUE TO (c)	
This certinicate, writh be forward libe used removal,	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE CONDITION GIVEN IN PART I(o) 19 WAY 200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INVITED OF CIRCLES TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) YES	AS AUTOPSY REORMED? NO
(福定 교진	PRIMARY OF CONTR BUTING CONTR B	
EXAMINER: ute the certif age 4 should your files. Poge 3 should cremotion, or	20x TIME OF INJURY Month, Day Year Hour orm pm 19 20d NJURY OCCJRRED 20e PLACE OF NJURY (Home form, foctory street, office bldg, etc.) 20x TIME OF INJURY Month, Day Year (County) While Not While of work of work	(Stote)
Xer Xer for for ol,	21. I certify that I took charge of the remains described above, held on Autopsy (X), Inspect on (X), Inquiry (X), and in death resulted from (2) Natural causes (X), Accident (1), Suicide (1), Hamicide (1), Undetermined marrier (1)	n my apınic
	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER L	DATE SIGNEE
O DEPUTY ME necessory, pleo the funeral dirac S may be retai O FUNERAL DIF Health prior to	EXAMINER'S BELDEN & CAPM D. Address (Street City, town) or county) 6/20/19	67
5 = 2 5 = V	230 BUR AL (REMAT ON, REMOVALLSDEG TY) 231 DATE THEREOF 232 NAME OF CEMETERY OR (REMATORY BUR AL 232 NAME OF CEMETERY OR (REMATORY 233 LOCATION (City or Town) (County) ROCKVILLE MAYLAND 245 EMBERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 257 ABORESS	(State)
VR A15ME (5)	Warner E. Pumphrey, Inc. Silver Spring, Maryland 111 2 6 1967 Clientes Ju	dan



		DIVISION	DF VITAL R	ECORDS, 301 W.	PRESTO	N STREET, BALTIMO	RE, MAR	rLAND 21201		
	88456			CERTIF	ICATE	OF DEATH			ARAS	1
1	PLACE OF DEATH O COUNTY MONTGOMERI B GITY OR TOWN (IF C			MAR C LENGTH OF STAY	YLAND	2. USUAL RESIDENCE (V o. STATE laryland c. CITY OR TOWN (If out	d	b. COUNT	y ontgome	ery
	Rocker Land of	ive nearest tawn)		12 days	3	Chevy Cl		te limits, write kuka	and give ner	
	d NAME OF HOSPITAL Potomac U					o street address 7009 Ge	nania	Street		ON A FARM? YES NO A
3.	NAME OF OECEASED (Type or poot)	Fil		Middle Willis		RILEY	4 DATE OF OFATH	Month	5	Day Year 19 67
S		color or race white	7 MARRIED WIOOWFO	NEVER MARRIE	210	DATE OF BIRTH 26 7, 1894		AGE (In years lost birthday) 73 yrs	Months Do	
βų	USUAL OCCUPATION (Grand mast of working life	, even if retired)		no of Business or Dustry ermina	L Co.	11 BIRTHPLACE (County & Washingto			12 CITIZEN COJNJI	
	eter Jacks	on Riley				14. MOTHER'S MAIOEN N Willie Turi				
1S Vi	WAS DECEASED EVER II es, na, or unknown) (If O	NUS ARMED FORCES? Yes give war or dates of Yone	E n n m st n n t	SOCIAL SECURITY NO 18-14-917		iformani ith H. Rilei	7009 4 Che	Georgia W Chase	Street	t
	18. CAUSE OF DEAT PART I. DEATH 199 Conditions, if any, we rise to immediate control to stating the underlyitest.	ause (a), ((a) 900 TO Se	mostota miliga maliga	: O. All	nermin				NIERVAL BETWEEN ONSEI AND DEATH
TELCATION	2Da ACCIOENT WAS U	GERSE.	Earl	arless	clors	IE TERMINAL DISEASE CON	Hen	pluzia		PERFORMED? YES NO
MEDICAL CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY ME 2Dt Time of Injury Haur a.m.	CAUSE OF DEATH DICAL EXAMINER) f Manth, Day, Year	While	NJURY OCCURRED Not While		OF INJURY (Hame farm ry, street, affice bldg., etc)		(City or town)	(County)	(State)
2		fandy	at warl	ded the deseased 1967, nando	from and that 	ATTENDING PHYS. 22d. ADDRESS	MED DIRECTOR	, from causes of	22b. DATES	IGNEO /
23	a BURIAL, CREMATION, REMOVAL (Specify)	23b DATE THI Quine 7.		Leonardo 230 NAME OF CEM		REMATORY		CATION (City or Tow		inty) (Stote)
2	4 FUNERAL DIRECTOR	ter Elli	n Cala	8434 ADDRESS Silver Sp	zia Au	ienue	BY REGISTR		istrars signi	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely Tilked in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave (carbon, lopers. Pages 1 and 3 shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, with a 72 hours after death Page 4 may be retained by the haspital or attending physician. M A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requi≡s that the death certificate ⊪e executed within 24 hours after ≣math.

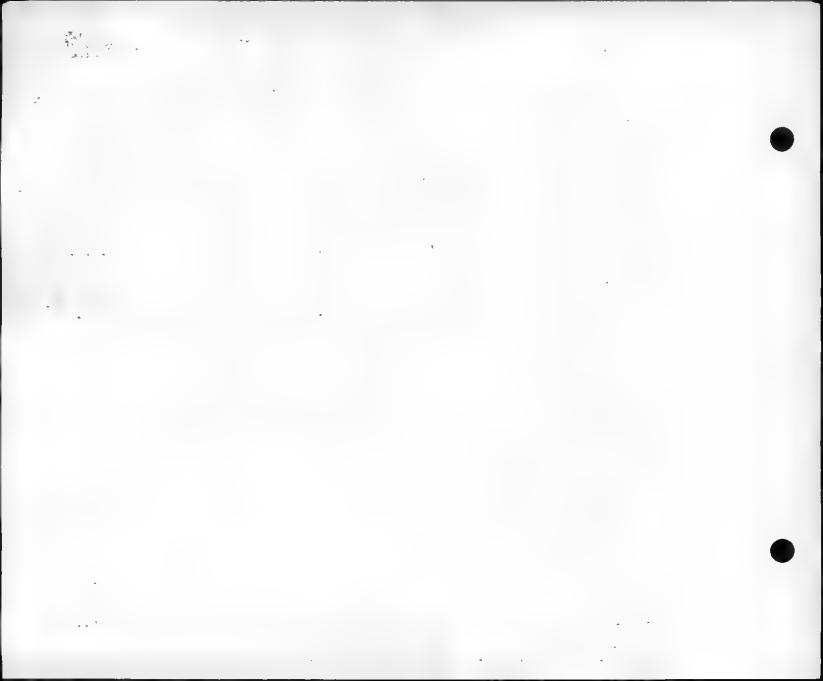


Zhours after deoth.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	OR757 CERTIFICATE	OF DEATH	08454
(PLACE OF DEATH O. COUNTY MON + JOMEN MARYLAND MARYLAND	o. STATE	deceosed lived, if institution Resilience before admission) b (OUNTY Wan 1904erg)
t	b (ITY OR TOWN (If outside corporate limits,) (LENGTH OF STAY IN 16 write RURA, and give, nearest town) Silver Spring I days	CCITY OR JOWN (IF autside of	orporate limits, write RURAL and give nearest flown)
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Colonine Dilla Durs. Hame 12325 D. HAMP.	d street aboress	CARROLTON Rd & SRESIDENCE ON A FARM? VES NO NO
	NAME OF DECEASED (Type or print) RAIPH First Potter RIP	ley 0	EATH 29 June 1961
	M white WIDOWED DIVORCED 1	DATE OF BIRTH	9. AGE (In years leaves of the latest of the
dun	USUAL OCCUPATION (G ve kind of work done ng most of working life, even if retired) REAL ESTATE 10b. KIND OF BUSINESS OR HIDDORS Real Ator	AMS fer day	COUNTRY?
	Ernest Ripley	14. MOTHER'S MAIDEN NAME Blanche Snyde	r
15 (Ye	t the state of the	formant s. Merle Ripl	ey 14808 Carrolton Rd.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (o) DUE TO	eumonic'	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause lost. (b) DUE TO (c)		
á	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE		GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
FICATION	generalised enterioseth		YES NO NO
CERT	206 ACC DENT WAS UNDERLYING ☐ 206 DESCRIBE HOW INJURY OCCURRED (E OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		·
MED CAL		y, street, office bldg., etc.)	20f (City or town) (County) (State)
	saw the deceased alive an 6-29. 1967, and that		ta (-27, 1947, that (1) (***) last
	220 SIGNATURE & & Sanstrum M. M. M.D.	ATTENDING MED DIRECT	OR STAFF 22b DATE SIGNED 6-29-67
	22r PHYSICIAN'S NAME (Type) R. H. Sondstrom M.D.		11 Ave Takima Pank, And
Ca	BURIAL CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR CO REMOVAL (Specify) June 30, 1967 Fort Lincoln	r Crematory	Prince Georges Co., Md.
10.	of the Bolle of Bonas & Licks Moone 8434 Georgia Author E. Pumphrey, Inc. Silver Spring.	DATE DATE	EGISTRAR 256 REGISTRAR'S SIGNATURE 1967 Hillandes Junge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours as TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove cortion should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, which Page 4 may be retained by the hospital or attending physician VR A15 (4) 6



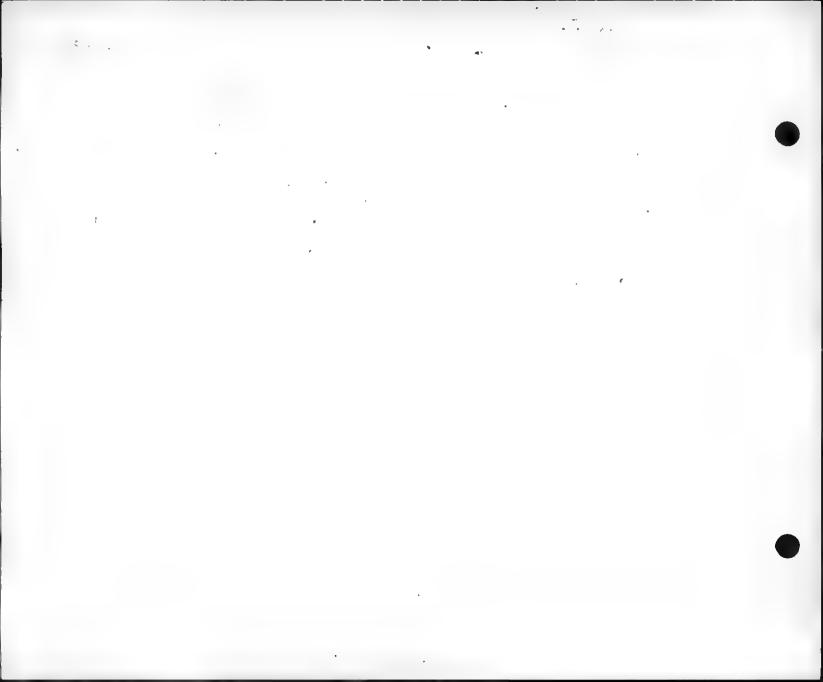
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) COUNTY **b.** COUNTY **P.OL** (ountii orgonery ont o ien! MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 within 24 write RURAL and give nearest town) Silver Sorin 'iner d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Sharon Nursino Home 12728 Gould YES NOWY J. NAME OF Middle 4. DATE Month Dey Year DECEASED OF Elizabeth (Type or print) leatrice. Posertson DEATH une 19 07 carbo 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED `₹ B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months auc. enale. WIDOWED [3] DIVORCED remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ket. Statistical Georgia ountil ding pl 14. MOTHER'S MAIDEN NAME Wesley Henley Mary Forsythe removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT [Yes, no, or unkown] [(Ifyesg:vewerordelesofservice) No 7-60-2664 CAUSE OF DEATH Enter only one cause per line for te INTERVAL BETWEEN as been signed to burial-transit per ial, gremation, or CALSETOAND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO nding Conditions, if any, which (b) geve rise to immediate couse DUE TO (a), sleting the undarlying the couse lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OPENTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 192 WAS AUTOPSY 8 2 PERFORMED USB 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Pert I or Pert II of item 18.) OR CONTR BUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, ! 20f. (City or town) (County) ŏ factory, strast, office bldg., atc.) While Not While Hour a.m. at work et work D.m. 21. I certify that (i) (this hospital), attended the deceased from 10 19....l., that (1) (we) last from the causes and on the date stated above saw the deceased alive on... 22a. SIGNATURE DATE ATTENDING STAFF SIGNED MOSPITAL leath, Page 4 FUNERAL filed with the DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) L # 1 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town on county) (State) Trans-burial Macon. Georgia 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 20M 5-63



Items 18-21 Film 390 7-13MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before arm ssign) O COUNTY (d-outside corporate limits d NAME OF HOSPITAL OR INSTITUTION (I not in haspital, give street address) e IS RES DENCE the certificate, writing the ward "pending" in pencl in Item 18 Give Pages 1, 3 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm in pencl in Item 18 Give Pages NO NAME OF 4 DATE DEATH SEX 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED DIVORCED 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 17 INFORMANT burial-transit permit event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY __ IMMEDIATE CAUSE (a) Multiple skull fractures with DUE TO intracranial hemorrhage due to fall Cand t ans, fany, which gave rise ta immediate cause (a). ⊆ DUE TO o. stating the underlying cause QS last PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART I(0) WAS AUTOPSY PERFORMED? remayal. 2Co EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18) 3 shauld PR MARY 20 or CONTR BUTING
CAUSE OF DEATH crematian, or Deceased fell down stairs at home 20k J ME OF INJURY Month Day Year 20e PLACE OF INJURY (Hame form 20f (City or town) (Caunty) (State) Not While factory street office bldg etc.) may be retained for your FUNERAL DIRECTOR: Page Lewisdale 21 I certify that I took charge of the remains described above held on Autopsy XI. Inspection X and in my opinion the funeral directar. deoth resulted from Notural causes Homicide. Undetermined monner prior ta ACTUAL 22. DATE SIGNED SIGNATURE Heafth 1 NAME (Type) 50 VR A 15ME (5)



1	Items 18-21 Fill Division	m 390 7-18-MAR of STATISTICAL RESEARCH	YLAND STATE DEPAI AND RECORDS, 301 W	RTMENT OF HEA /. PRESTON STREET	LTH , BALTIMORE, MAR	YLAND 21201
FOR STATE	08460	MEDICA	L'EXAMINER'S CE	RTIFICATE OF	DEATH	08455
HEALTH DEPT.	1 PLACE OF DEATH a. COUNTY		MARYLAND 2	O. STATE		ut an Residence before odmission) UNTY
deloy is	b CITY OR TOWN (If outside of write RURAL and give near	est town)				URA, and give nearest town)
f cny d 1, 2, an m Pry Departm	d NAME OF HOSP TAL OR INS	ITUT ON (If not in haspital, give sti	reet oodress) d	STREET ADDRESS	report	e IS RES DENCE ON A FARM?
death If with farm with farm farm he state De	Haly Cr	ass Hospit	Middle	434 59		YES NO Year
after dec 3 Give P oleng wil with the	OFCEASED (Type or print) S SEX 6 COLOR	OR RACE 7 MARRIED	NEVER MARRIED X B D	ATE OF BRIM	OF DEATH 3	19 67
5 5 5	FW	WIDOWED _	D VORCED	9/21/66	lost birthdoy)	Manths Doys Hours Min
24 haurs in Item I ers Office jes land2	10a USUAL OCCUPAT ON (Give kind during mast af working life, even if		8_SINESS OR	BIRTHPLACE (State or	-	COUNTRY?
thra ncil nume page	13. FATHER'S NAME	Racaus	14	MOTHER'S MAIDEN NAM	WE	ENLOY
	15 WAS DECEASED EVER NUS AF (Yes no or ynknown) (If yes give		SECURITY NO 17 INFO	4 7	ROS	dress 6
hauld be executed word 'pending'' in the Chief Medical E rial-transit permit fortion, ar remaval	1B CAUSE OF DEATH (Ente	anly one cause per line for (a) (b	(c)), and (c))	OSP RECO	DEDS	INTERVAL BETWEEN ONSET AND DEATH
shauld be e re word 'per a the Chref burral-transit mation, ar re	PART I DEATH WAS CA	DUE TO and	ttyll (e	reenal (otture	VIOLE AND DEATH
ate shauld be g the word 'p id ta the Chiel a burial-trans cremation, ar	Conditions fany which ga rise to immediate cause (c stating the underlying cau). (DUE TO	basachen	and de	niother	8
2 E 8 -	last.	(c) due	to fall	TERMINA D SEASE CONDU	TION CIVEN N PART I(A)	19 WAS ALTOPSY
五年。 多七 /	CATION				.,	19 WAS AUTOPSY PERFORMED? YES NO
얼 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	CAULUI DI AITI	Decea:	HOW NUURY OCCURRED (Ente		ofa to flow	or.
EXAMINER: cute the cert age 4 shauld your files. Page 3 shaued, agent, pr	20c T ME OF INJURY Month	- IMb n		F NJURY (Hame form street office bidg letc.)	20f (City or town) Bladensbur	(Caunty) (State) 'g FrGeo Md.
executer of far yet of	21. I certify that I	took charge of the remains		7	_	quiry , and in my opinio
MEDICA director. retained DIRECTOR	ACTUAL ACTUAL	National causes [106h	CHIEF MEDICAL EX		22. DATE SIGNED
NY, Peral be real at its	SIGNATURE XX	ach P F	Day D	EDEPUTY MEDICAL !	EXPONENTE EX	une 4 1967
necessary, in the funeral 5 may be r to FUNERAL Health or it	23a. BURIA. CREMATION		. NAME OF CEMETERY OF CREM		ty fown, or county) 23d LOCAT ON (CTY or	Town) (Caunty) (State)
2 2	REMOVAL (Specify) 75 CR 1 CO 24 FUNERAL DIRECTOR	MAY-6 67 /	ADDRESS (REGISTRARS S GNATURE
VR A15ME (5) 6M T/66	Blangars	by thons 35	01-1495tN	W, DATUN	6 1967 /	Climbes Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

227.5	E.		CERTIFICATE	OF DEATH		08456
1. PLACE OF DEATH	3.				Where deceosed fived, if institution	n Residence before admission)
o. COUNTY	lontgomery		MARYLAND	o. STATE Virgi	inia b. COUNT	Arlington
	(If outside corporate limit	ts (LENGTH OF STAY IN 16		utside corporate filmits, write RURA	
write RURAL a	nd give neorest tawn)			,	•	at one give money
	ethesda		25 Days		ngton	® IS RESIDENCE
	ITAL OR INSTITUTION (If n		street oddress)	d. STREET ADDRESS		ON A FARM?
IN	laval Hospit	al		4922	Chesterfield R	oad YES NO K
3 NAME OF DECEASED	F	irst	Middle	Lost	4. DATE Month	Day Year
(Type or print)	Ruby Ruth	Ross			DEATH June	17 167
5 SEX	6 COLOR OR RACE	7 MARRIED X	NEVER MARRIED 8	. DATE OF BIRTH	9 AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	Cauc	WIDOWED	DIVORCED 7	April 1912	9 AGE (in years last birthday) 2 55 yrs.	Months Days Hours Min.
10o USUAL OCCUPATIO	ON (Give kind of work done		OF BUSINESS OR		& State, or foreign country)	12 CITIZEN OF WHAT
during most of workin House	g life, even if retired)	INDUS	IRY	Lompos	ssas, Texas	COUNTRY?
13. FATHER S NAME	MITG			14. MOTHER'S MAIDEN		0.0.
Toler	D 1.0-14-			Marene I	Katherine Hinkl	
IS WAS DECEASED EX	D. White	110.5 M	AL SECURITY NO. 17. II	NFORMANT		
(Yes, no, or unknown	(If yes give wor or dotes	of service)			4922 S. Cheste	
No				e K. Ross	Arlington, Vir	
18. CAUSE OF S	DEATH (Enter only one co ATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
I ANT I. DE	IMMEDIATE CAUSE	(o) Care:	inoma of the	Colon		
	DUI	TO 01				
	y, which gove	(b)				
rise to immedia		E TO				
last.)	(c)				
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
Ď.						PERFORMED? YES X NO
200 ACCIDENT W	AS UNDERLYING [205. DESCRI	BE HOW INJURY OCCURRED. (Enter nature of injury in	Port I or Port II of item 18.)	100 (23) 110 [
OR CONTRIBUTIN	IG □ CAUSE OF DEATH	Zoot Desert	or hour magnit occamics.	and harde or injuly m		
	Y MEDICAL EXAMINER) JURY Month, Doy, Year	T SOY INTIDE	Y OCCURRED 20e PLAC	E OF INJURY (Home, form	n. 20f. (City or town)	(County) (Stote)
Hour o	o.m.	While _	Not While focts	ery, street, office bldg., etc.		(coom) (store)
	o.m. 19	at work L		Mana	NOVE ELVERONO	Section (a)
21. I cert	tify that (14) (this ha	spital) attended	the deceased from		1967, to 17 June	, 19 <u>67</u> , thot ^x (f) (we) lo
saw the	deceased alive an 1	7 June	1967 and that	deoth occurred al	10:30 M, from couses o	nd on the date stated above
22o. SIGNATUK	1101	1/. =	///	ATTENDING -	MED STAFF	22b. DATE SIGNED
10	Mulan	101	M.D	PHYS	DIRECTOR PHYS.	18 June 1967
226. PHYSICIAN NAME (Typ	L.	7777 34	O HON	22d. ADDRESS		
- Install (13)) LCDR W. F				spital, Bethesd	
230. BURIAL, CREMAT	ION, 23b. DATE TH	IEREOF 2	3c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Tow	n) (County) (Stote)
Burial (Speci	(Y) 6-2	1-67	Bellwood Ceme		Temple, Tex	
24. FUNERAL DIRECT	ORM E'C	Ŋ.	1500ESW. Brad	dock Rass REC	D BY REGISTRAR _ 256 , REG	ISTRAR'S SIGNATURE
Wasana Jan M	The State of the	mal Home	Alexendrie	1 11144	2 1 1967 1	mes judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and director, page 3 shauld be detached far use as the bunal-transit permit. Then please rest should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in the VR A15 (4) 20 M 1/66

and campletely filled in by the furteral remove carbon papers. Pages 1 and 2 no my secont, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.



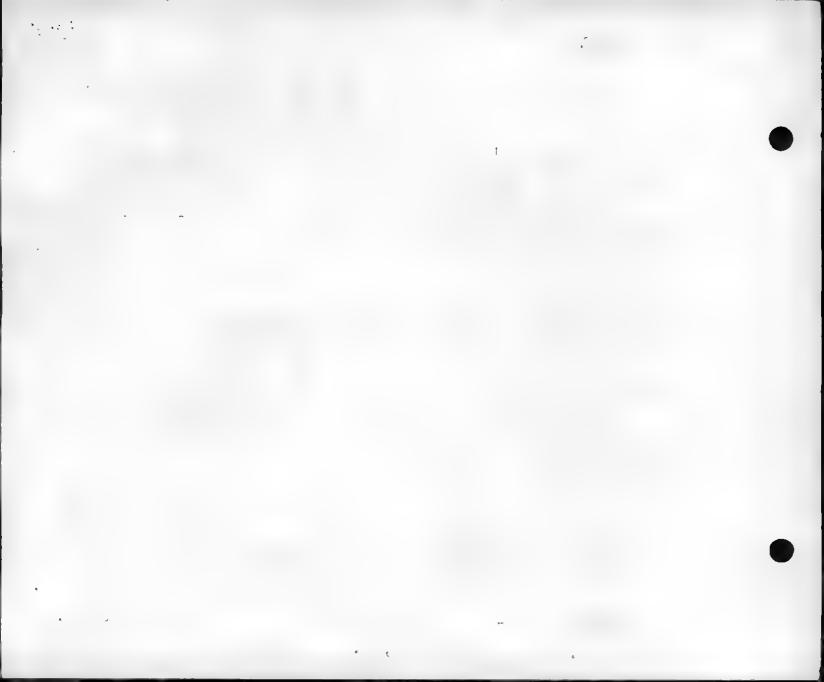
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08462 08457 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND the b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN optside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours o à .⊆ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d STREET ADDRESS IS RESIDENCE ON A FARM? within 72 filled YES NO F NAME OF Middie Dov Year completely DECEASED (Type or print) 196 HTASD SEX 6 COLOR OR RACE MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS lost birthday) Months Days Hours Cauc DIVORCED WIDOWED UNE 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? own home aru 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME transit permit. Then cremotion, or removo Jacob Weinberg Eva Edlavitch attending p 35 WAS DECEASED FYER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17 INFORMANT Address 218-28-8330 Albert S. Rubin - Same as #2 above IR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL RETWEEN the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by 170 X DUE TO Canditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause prior to os the hos been WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) OR ATTENDING PHYSICIAN: The YES NO F certificate 20a ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) Haur a.m. factory, street, office blda., etc.) While Not While at wark L at work DIRECTOR: After 21 I certify that (1) (this hospital) attended the deceased from March . 19 67 to 6/14 1967, that (I) (we) last 1967, and that death accurred at 21354 M, from causes and on the date stated obove. saw the deceased alive on. 6/13 22a SIGNATURE DATE SIGNED 22b ATTENDING director, poge 3 should be fil∎d v PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL TO FUNERAL (0/85ville NAME (Type) 23o. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) June 16.1967 Kneseth 1srael Annapolis Annearum el ADDRESS 2So. REC D BY REGISTRAR 25b REGISTRAR S.S GNATURE Hopping VR A15 (4) Annasolis



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08463 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY PARENTS ADDRESS) MD. b. COUNTY HOWARD MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1 DAY ELLICOTT CITY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? MONTGOMERY GENERAL HOSPITAL ROUTE 4 NO VY YES | 3 NAME OF Middle Last DATE Month DECEASED 17 19 67 GIRL Russo JUNE BABY (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 9 AGE (n years 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthdoy) WHITE FEMALE WIDOWED DIVORCED JUNE 17. 1967 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY J.S.A. during most of working life, even if retired) INDUSTRY MONTGOMERY, Co., MARYLAND 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOAN MARIE COLLINS AUGUST JOHN RUSSO, JR. TS WAS DECEASED EVER IN L. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. ONSET, AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? NO X 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20x TIME OF IN, URY Month, Doy, Year (City or fown) (County) (Stote) Hour om. foctory, street, office bldg., etc.) Not While at work at wark , 19 67, ta 21. I certify that (I) (this haspital) attended the deceased fram_ , 19 ___ , that (I) (we) last 1967, and that death accurred at 9. A.M., from causes and an the date stated above. saw the deceased alive an. ___. 220 SIGNATURE 22b. DATE SIGNED STAFF 6-17-67 M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DR. LOUISA S. BATMAN, M. D. PROFESSIONAL BUILDING, DAMASCUS, Mo. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 230 BURIAL CREMATION. 23d LOCATION (City or Town) (County) REMOVAL (Specify) Laytonsville Md. 6-18-67 Laytonsville **ADDRESS** 250 REC'D BY REGISTRAR 25b. REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR Laytonsville, Md. Francis H. Barber

by the funeral Pages 1 and 2 nours ofter death The low requires that the death certificate be executed within 24 hours after death corbon papers. Pages 1 ent, within 72 hours ofter filled completely fi cremation, or removal, has been see as the lether the prior to be OR ATTENDING PHYSICIAN: TO FUNERAL DIRECTOR: After be retained director, page 3 should should should be filed with the O HOSPITAL VR A15 (4) 25M 1/67

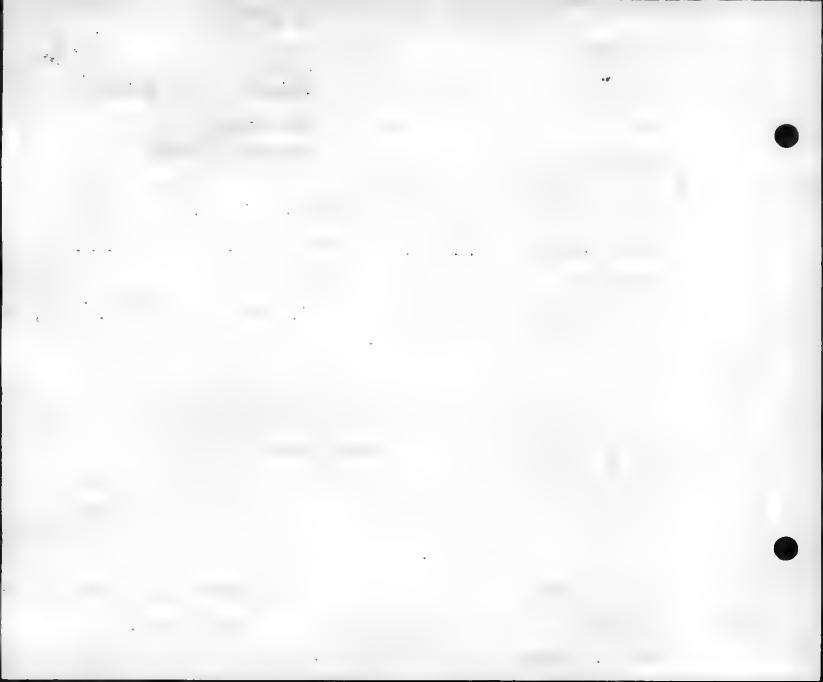


VR A15 (4) 20 M 1/66 08464

CERTIFICATE OF DEATH

08459

		10 2 V									
		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, i	Institution Regid	enre offare admissi	on)
	4	county Contgome	KU		MAR	YLAND	° STATE YEAR	X Mass	b COUNTY I'M	WXXX	
		LITY OR TOWN (t autside carparate l'mit	s,	c LENGTH OF STAY		c CITY OR TOWN (If ac	itside carparate limits, i	vrite RURAL and g	ive negrest tawn)	
	5	write RURAL and	give nearest tawn)		2 month	ha	MANAMA	KNOWEK Wal	+han		
		NAME OF HOSPIT	AL OR INSTITUTION (If no	at in haspital, g	rive street address)			1 Middlese		e IS RESI	DENCE
	-4.	517 Fore	st Glen Roa				USASXX X JOSA	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	ON A F.	and the same of
	,	NAME OF ECEASED Type or print)	Dennis	rst	Middle 9		Ryan .	4. DATE OF DEATH	Month 20	Day Ye	67
	5/	sex ale	6 COLOR OR RACE	7 MARRIED WIDOWED	☐ NEVER MARRIE DIVORCE		Dec 12, 18	9. AGE (In last birt		R) YEAR IF UNDER Doys Haurs	M-n
	dur	ng most of working	(Give kind of work done life, eyen it retired)	I. IN	ND OF BUSINESS OR DUSTRY		Newton, Mc			COUNTRY?	
		FATHER'S NAME					14. MOTHER'S MAIDEN				
	M	ichael R	yan				Mary Kenny	edy			
	15	WAS DECEASED EVE	R IN U.S ARMED FORCES? (If yes give war at dates	16.	SOCIAL SECURITY NO	17. 1	NFORMANT	14	179 Wash	St.	
	N	O STATE OF BUILDINGS	None	0	34-12-3850	The	omas Q. Luoi	ns Funeral	Home - 1	W. Newtor	2. Mad
		18. CAUSE OF DEA	EATH (Enter only one cou TH WAS CAUSED BY IMMEDIATE CAUSE / DUE	(a) C	(a), (b), and (c))	ore	lucion			NTERVAL BET	DEATH
		Canditians, if any	000	(b) Co.	emens 1	rocker	un Appora	-1 / 3		and the same of	
		nse to immediat		` '	1		1	Yelevi .			
		stating the unde	riying cause	(c)	•						
-	ATION	PART II OTHER SI	GNIFICANT CONDITIONS C		O DEATH BUT NOT RE	LATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(0)	19. WAS AUT PERFORM YES	OPSY NED? NO
	L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Port I or Port II of iten	18.)		
	MEDICAL	20c. TIME OF INJI Haur a.r p.i	10	20d. II While at war			CE OF INJURY (Home, forn arry, street, affice bldg., etc.		town) (f	County)	(51016)
			fy that (I) (this hor		ded the deceased	fram		19 <u>67</u> , to	14 , 19	6/, that (I) (we). last
			eceased alive an_		3 1967,	and tha	t death accurred at	M, Tram		DATE SIGNED	a above.
		220. SIGNATURE	1.CK	rch	ner	M.		MED. STA	FF CT	-14-6	7_
		22c. PHYSICIAN'S NAME (Type		C. Kir	chner	·	6480 New	Hampshire	Ave, Ja	koma Parl	e, Md.
0	230	BURIAL, CREMATIO		EREOF	23c. NAME OF CEA	AETERY OR	CREMATORY	23d LOCATION (C	ity ar Tawn)	(Caunty) (S	State)
M		REMOVAL (Specify	ans 'une	7, 196	7 Calvary			Waltham	Mass.		
1919	28	HEUNEBAL DIREGIO	Smas Jokn	BSka	8434 Geori	sia A	verue 250 PEC	1 5 967	25 CERSTRANG	SIGNATURE	
A	4	brner E.	Pumphrey.	Inc.	Silver Sp.	ring.	Md. DATE	7 0 1001	#	0 0	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08465 2 USUAL RESIDENCE (Where deceased tived, if institution: Residence before admission) PLACE OF DEATH o. STATE **b.** COUNTY a. COUNTY Charles Mary Land Montgomery Maryland OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C LENGTH OF STAY IN 16 b. (ITY OR TOWN (If outside corporate limits Bethesda (rural) hours 21 days Cobb Island e. IS RESIDENCE ON A FARM? papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS within 72 Naval Hospital filled 1/0 NO K YES 4 DATE 3. NAME OF First Middle Last DECEASED (Type or print) Lillian SARACINO 12 67 Marv June DEATH 5 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Female Cauc February 20,1903 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work dane Ē during most of working life even if retired)
HOUSEWITE INDUSTRY COUNTRY? attending physician sermit. Then please burial, crematian, or removal, and Washington, D. C. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Edward Ignatius Downs Frances Gaffney 17 INFORMANT Cobb Island 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. Maryland (Yes, no. or unknown) (If yes give war or dates at service) BMC pasquale Saracino, USN, Ret, None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Myocardial Infarction IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gave rise to immediate cause (o), DUF TO stating the underlying cause be detached for use as the State Dept. af Health prior to has been last. 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? YES K FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour a.m. Not While factory, street, affice blda, etc.) at wark at work director, page 3 shauld be shauld be filed with the Stat May 22 1967 to June 12 19 67that (b) (we) last 21. I certify that (4) (this haspital) attended the deceased fram_ saw the deceased aliveron. June 12 19 67, and that death occurred at 00003Mc fram causes and an the date stated above. AM22b. DATE SIGNED 22g SIGNATURE STAFF PHYS 13 June 1967 DIRECTOR M.D. 22d. ADDRESS O HOSPITAL NAME (Prope) D. R. Foreman, LT. MC, USN Naval Hospital. Bethesda. Md 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVA (Specify) Holy Ghost Cemetery Geb Issue, Maryland 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Arehart Funeral Home Inc. Melisven VR A15 [4] 6 20 M 1/66 LaPlata, Maryland



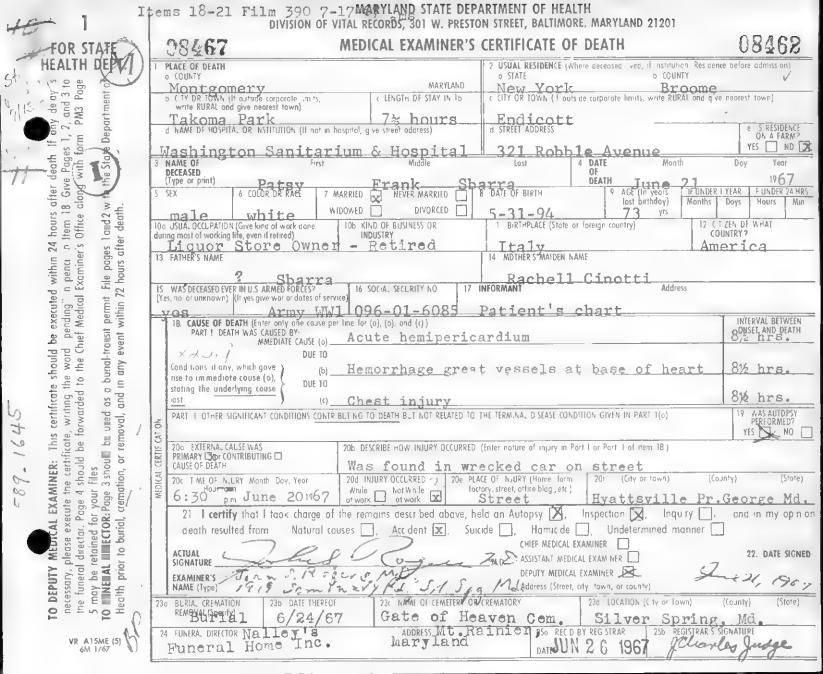
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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of D		1.	PLACE OF DEATH			2 USU	IAL RESIDENCE	Where deceased lived, i	f institut on Residen	ce before admission)
by the funeral Pages T and nours affect death	1		o. COUNTY		114 000 440	{	TATE Man	.11	b. COUNTY	100000
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4 80 81		_	write RURAL and	outside carporate limit give nearest town)	2 weeks		7.	diside (dipolale livins,	WHITE KOKAL GIVE GIVE	e fleatest flowing
bou F		-	DILVER	SPRING		150	Chall	(E, ///RI	RYIANO	T. W. SEE DELICE
d in	1,8		S. NAME OF BUSHII	AE OK INSTITUTION (III	of in haspital, give street address)	d. 51R	EET ADDRESS	1. 4.		e IS RES DENCE ON A FARM?
pol	1211	1	6/4-(1)	POSS HOST	n+n/	76	000 H	ARIAN S	STREE!	YES NO
do and completely filled in by the control of the control of contr			NAME OF DECEASED	Fi	irst Middle		Last	4. DATE OF	Month	Day Year
orb nt,			(Type or print)	DIMA	SA	ZONOT	4	DEATH -	NE /	1967
m /e c		\$.	SEX	6. COLOR OR RACE	7 MARRIED NEVER MARRIED	B DATE	OF BIRTH	9. AGE (In lost birt		1 YEAR IF JNDER 24 HRS. Days Hours Min
200			7	10	WIDOWED DIVORCED] 7/	15/88		yrs.	pols tions will
信息		10a	USUAL OCCUPATION	(Give kind of work done	10b. KIND OF BUSINESS OR	11 BH	RTHPLACE (County	& State, or foreign count	ry) 12 C1	IZEN OF WHAT
是多足		7/7	ng most of working	ere, even it retired)	Own home		81150	119	u'	UNTRY?
		13.	FATHER'S NAME			[4, M	OTHER'S MAIDEN			
signed by the ottending physicab and burial-transit permit. Then places that burial, cremation, or removal, and we'n		u	nknown			1	unknown	Bassman		
ling Terr		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO	17. INFORMA	INT	2.14	Street,	A1 1
permit.		N		(If yes give war ar dates a	127-14-6241A	linian	Sanda	4110 7.	Street,	N. W.
per per ion		-			use per line for (a), (b) and (c).)	^	- KAPHAR	- waying	$\omega_{n,-D,-L}$	INTERVAL BETWEEN
signed by the burial-transit burial, cremati				H WAS CAUSED BY IMMEDIATE CAUSE	70	1)-4	Inday:	tion		ONSET AND DEATH
by trai			4701	DUE		1	1			
rial-			Canditions, if any,		(b) A SCON	<i>)</i> .	/)			
sig bur bur			nse ta immediat				1/			
been s the ior to			stating the under	lying couse	(a) PCD A48		V			
s be			PART II. OTHER SH	GNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERM	UNAL DISEASE CO	NOITION GIVEN IN PART	1(a)	19. WAS AUTOPSY
hause Ith	3	CERTIFICATION		Money a	0 11.00 0 4. +	-			. (-)	PERFORMED?
or u		FICA A	20g ACC DENT WAS	LINDER YING	206 DESCRIBE HOW INJURY OCCUR	PED (Enter no	the of inuov in	Part Lor Part II of item	0 183	162 [] 110 []
d for		ERT	OR CONTRIBUTING	CAUSE OF DEATH	200 BESCHIOC HOW INSORT OCCOR.	SED (Elliel III	nore at injury in	Tari Or Tory in gr nep	1 10.)	
che rpt.		CAL		MEDICAL EXAMINER) JRY Month, Day, Year	20d INJURY OCCUBRED 2De	PLACE OF IN	JRY (Home, fori	m. 20f (Crty_o=	(Coun)	unity) (State)
ECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Health prior to		MED	Hour an	19	White at work at work	foctory, stree	t office bldg , etc		1041-7 (60	(5(410)
Afte be Sto			21. I certif	y that (I) (this has	gital) attended the deceased fran	n Qua		19 6 / to >	- (4, 19)	that (I) (we) last
# B #				eceased alive an_	June 14 19 67, and	that death	occurred a	O AM, from a	ouses and on ti	he date stated obave.
95 % F			22a. SIGNATURE	2 . 1		ATTI	THOMAC	MED STA		ATE SIGNED
e 3 ed w			K	Dufal	ind	M.D PHY		MED STA	" D Ju	~L/Y, 1967
TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use o should be filed with the Stote Dept. of Heolth pr	1		22c PHYSICIAN'S NAME (Type)	R.C.T.	BUFALINO, MI.	1) 224	ADDRESS 1424	Universi	In BHALW	. Selver Spr
cto uld	,	230	BURIAL, CREMATIC	IN, 236 DATE TH	EREOF 23c NAME OF CEMETERY	OR CREMATO	PRY	23d LOCATION (C	it or Tawn)	(County)) /Sidie)
dire sho		(REMOVAL (Specify	June 1	}			n ·	Georges C	on Add.
		2/	FUNERAL DIRECTO		Andress Sur 8434 Georgia	4	2So. REC	D BY REGISTRAR	25b. REGISTRAR S. S	IGNATURE
R A15 (4) 5M 1/67		tu	ohn B. I	Pumphrey.	Inc. Silver Sprin	a. Md.	DALUN	1 5 1967	Mianes	o Juona

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

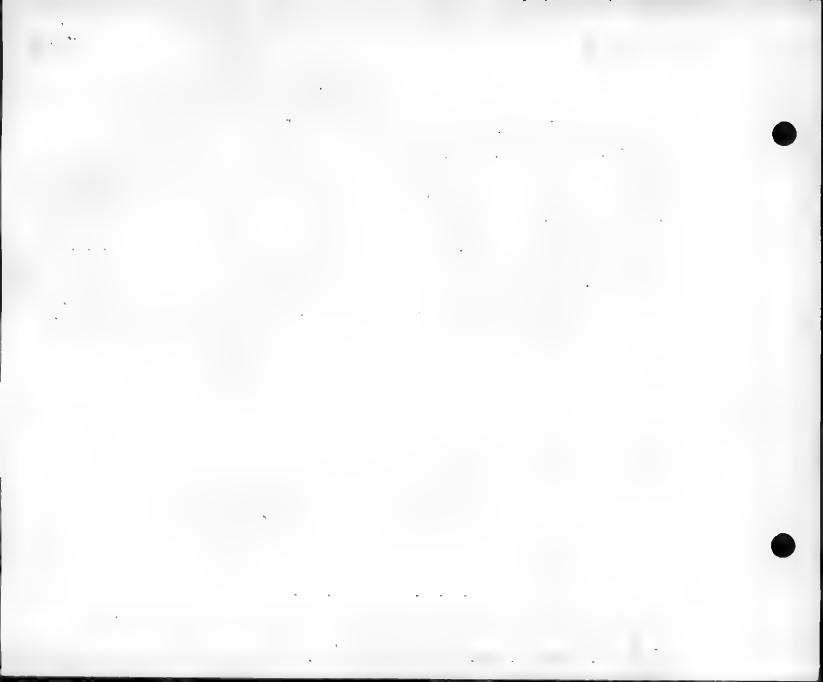




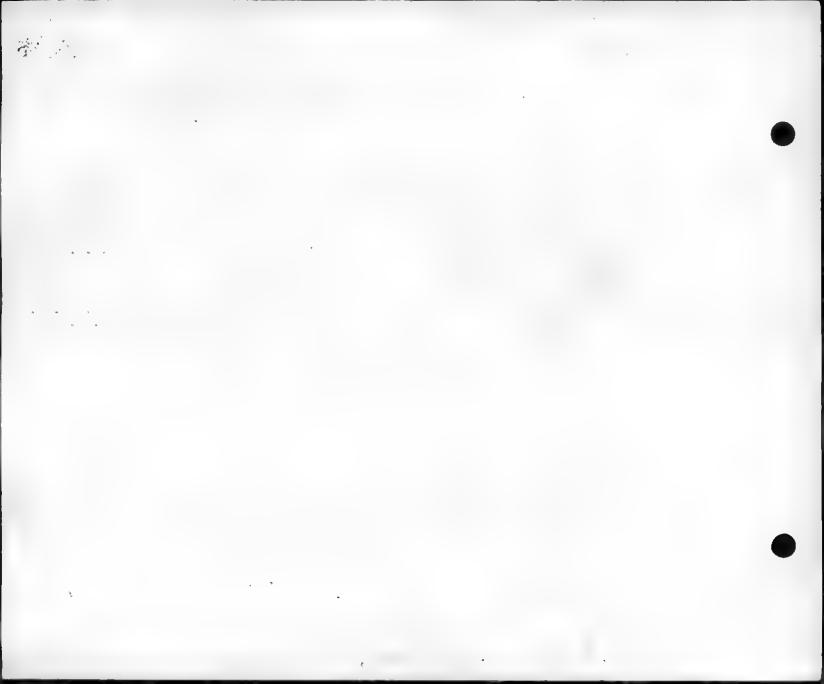




1-3	Items 18-21 Film 390 MARYLAND STATE DEPARTMENT OF HEALTH 7-11-67 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08464
HEALTH DEPT.	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ived, if institution	Residence before odm ssion)
S D 8 4	montgomery Maryland maryland mont	gomery
delay na. Pag	b CITY OR TOWN of outside corporate limits C LENGTH OF STAY IN 1b C CITY OR TOWN of outside corporate miles, write RURAL	and give nearest town)
PM3. Page	Silver Spring Silver Spring	131
L-E A	d NAME OF HOSP TAL OR INVITED ON (If not in hospital, give street oddress)	e IS RESIDENCE ON A FARM?
Pages 1, vine farm	11022 Lockwood Dr. 11022-Lockwood	YES NO X
after death S. Give Page Jong with the Start	3 NAME OF PIRST Middle Last 4 DATE Month OF CLEASED (Type or print) C, Balley Scrimacour DEATH	Day Year
after de 8. Give 6 along with the		FUNDER 1 YEAR IF UNDER 24 HR
	male white wildowed Divorced June 4, 1899 6 gd britiday)	onths Doys Hours Min
ed within 24 haurs in penal in Item 18 Examiner's Office I. F.le pages Land 2 v	10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
24 h	Ketired engineer Contractor Virginia	U.S.A.
within 24 pencil .n caminer's le pages haurs afte	13. FATHER 5 NAME 14. MOTHER S. MAIDEN NAME	
a within in pencil Examine F.le pag 2 haurs	William M. Scringeour Inla Bailey	
executed anding" in Medical E t permit. F within 72	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 1.020 Address (Yes, no or unknown) (1 yes, g ve wor or dotes of service)	kwood Dr.
ld be executed rd "pending" ir Chief Medical I cransil perm.t. I event within 72	No None 579-44-8142 Maxwell Scringeour Silver Si	INTERVAL BETWEEN
be eximpen inef Monet Mo	18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY. Asphyxiation due to carbon monoxide	ONSET AND DEATH
shauld be e ne ward "per ra the Chief I burial-transit	MMED ATE (A.SE (o) ASPRIJATION THE CO CAN BOIL MONOXITE	
shauld e ward a the Cl ourtal-tr	(Conditions, if only, which gove) intoxication, and generalized third	
finate s ting the rided ta as a bu and in	rise to immediate couse (a). stating the underlying couse DUE TO	
fira fing rdec as and	(c) degree burns	
veri veri val,	FART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTÓPSY PERFORMED? YES NO
ER: This certificate, auld be fa es. hauld be und n, ar reman	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INLERY OCCURRED (Enter noture of injury in Port I or Part II of item 18) PRIMARY Doc CONTRIBUTING D CALISE OF DEATH Deceased burned in house fire	YES IN NO
45 - 20 -	PRIMARY DE CONTRIBUTING D CAUSE OF DEATH Deceased burned in house fire.	
EXAMINER: 1 ute the certificage 4 shauld by your files. Page 3 should	2 00020100000 222	(Caunty) (State)
	20c TIME OF INJECT Month, Day, Year 20c INJURY OCC.RRED 20e PLACE OF INJURY (Hame farm loctory, street, affice bldg, etc.) Silver Sprix	ng Montg. Md
	21. I certify that I taak charge of the remains described above held an Autapsy I Inspection Inspection Inspection	
ricat se exector. Productor. Productor. Popurial, burial,	death resulted from: Natural causes , Accident E, Suicide , Hamicide , Undetermined mani	/
MEDIC please i I directa retained L DIRECT	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER	AD DATE CICHE
Y M	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAM NER	22. DATE SIGNE
DEPUTY MEDILA cessary, please ex funeral directar. may be retained funeral birector. Jith priar to buric	EXAMINER'S NAME Type) Belden Reap. D. M. E. Wheaton, Mandres (street city own or country)	e 2, 1967
	230 BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION by or Town)	(County) (State)
5 = = ~ 5 +	Burial June 3, 1967 Cedar Hill Cemetery Suitland, Mar	
VR A15ME (S	A FLANERA DIRECTOR CECENTIALLY RUBY ADDRESS 250 RECD BY REGISTRAR 256 REGIS	TRAR S SIGNATURE
6M 1 67	Warner E. Pumphrey, Inc. Silver Spring, Md. DATHUN 8: 1967	ionles Judges



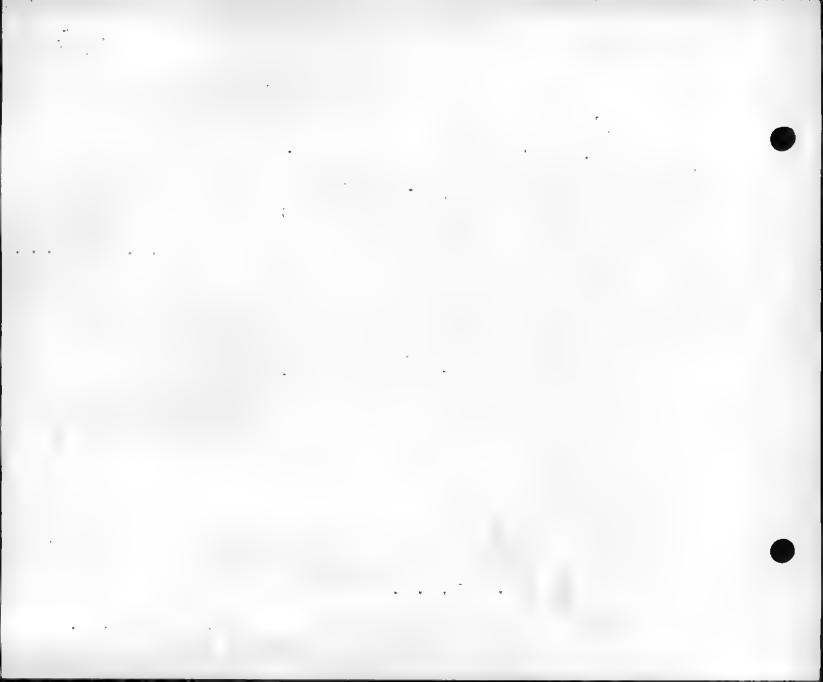
7 5/5	It	ems 18-21	Film 390 (7-1MARYL	AND STATE DEF S, 301 W. PREST	PARTMENT O	F HEALTH ALTIMORE, MARYLAI	ND 21201		
FOR STATE		08470					TE OF DEATH		0846	i
HEALTH DEPT	1	PLACE OF DEATH o COUNTY				2 USUAL RESID	DENCE (Where deceased lin	ved, if institution. b COUNTY	Residence befor	e admissian)
2, and 3 to PM3. Page	12	b C.IY OR TOWN (If or wate RURAL and gr	meru utside corporate limits	t. LEN	MARYLAND GTH OF STAY IN 15	mar	Utand /N/Lif outside carporote lin	mont	gome and give neares	it tawn
PM3		JIIVOI	~JJF 1 Y 10		7 years		er Spriz	29	12.1	/
	١,	d NAME OF HOSPITAL	R NSTMUTION (If not in	haspital, give stre	et oddress)	d STREET ADD	_ / /	7		e IS RESIDENCE ON A FARM?
Pages Pages of the form	K	NAME OF	ockwoo	d Dr	Middle	1102				YES NO
	3.	DECEASED (Type or print)	Eval.	- Than		rlmore	4 DATE OF DEATH	Month 6	Doy	Year 19 6 7
8. Give de with the with the	5		COLOR OR RACE 7		TEVER MARRIED	B. DATE OF BIRTH	9 AG	E (In years IF	UNDER 1 YEAR	IF UNDER 24 HR
ath. ≤ 6.000	E	& Female	1116	DOWED	DIVORCED	May 21,	1902	65 Yrs	onths Doys	Hours Min
this certificate shauld be executed within 24 Maurs of rificate, writing the word "pending" in pencil in Item 18. Ide be farwarded to the Chief Medical Examiner's Office of world be used as a burial-transit permit. File pages 1 and 2 worremoval, and in any event within 72 hours after death.	10d dur	USUAL OCCUPATION (Ging most of working life	ve kind of work dane even if retired) &	Own hon	USINESS OR		E (State or foreign country ton, D. C.	1)	12 CITIZEN OF	WHAT
within pencil i	13.	FATHER'S NAME	4. 4			14 MOTHER'S M	NAIDEN NAME			
d with per Exam File	16	WAS DECEASED EVER IN	Walter Th		TOURIST NO.		Waddington	4.14		
executed in Medical E.			res give war at dates of sen	16 SOCIAL S 216-46		INFORMANT illiam Sc	ringeour 48	Address 32 Oxfor	ed Dr.	S. E.
se execute "pending" lef Medical nst permit		1B. CAUSE OF DEATH	(Enter anly one couse po		ond (c).)				in	ERVAL BETWEEN ISET AND DEATH
Id be rd "pe Chief transit		7160	IMMEDIATE CAUSE (o) DUE TO	Genera.	lized thir	ra degre	e burns wit	n		
the the any		Conditions, if any, wh	ich gove) (b)	asphyxi	la due to	smoke a	nd heat inh	nalation	1	
of to d in d in		nse to immediate co stating the underlying	ig couse DUE 10							
tifficantificant of as displaying		DART I OTHER SICK	(c)	DUTIA C TO DEATH	TOUT LOS DELATED TO	THE TERMINA D.S.	EASE CONDITION CIVEN IN	DART (fe)	10	WAS AUTOPSY
This certificate shauld icate, writing the word be farwarded to the C. I be used as a burial-tr removal, and in any ex	CERTIFICATION				å.			<u> </u>		PERFORMED? ES NO
ER: This certificate, ould be for es. should be un or remon	ERTER	200. EXTERNAL CAUSE PRIMARY & or CONTR	WAS BUTING				njury in Part I ar Part II o	filtem 1B.)		
the certification of the should by the files. In the should by the should by the should by the should by the should be should be should be should by the should be sh		CAUSE OF DEATH.	Month Day Year	20d INJURY O	GURRED 20e PL	ACE OF INJURY (Ho		y or town)	(County)	(State)
# # # F 9 B 1	MEDICAL	158 Hour o.m.	6-1 1967	While N	at While fa	ctary street, office b		Spring		,
ecute Page or yau R: Pag		21. L certify t	nat Haak charge af			ield an Autapsy	Inspection	X, Inquiry	, and	I in my apinio
tor, ed f ed f cTO		death resulted	from: Natural co	uses A	Kident 🔼 Sui			ermined mann	ier 🗌	
please explanation of the planation of t		ACTUAL	holdo.	101	10060		MEDICAL EXAMINER ANT MEDICAL EXAMINER			22. DATE SIGNE
TY, peral be ra RAL prior		SIGNATURE EXAMINER'S	acces		ury, n		MOJCA, SYMMER	K V	. 7 /	010
necessary, please exect the funeral director. Po S may be retained for O FUNERAL DIRECTOR: Health prior to burial,		NAME (Type) Bed			hedton, Me		I whole try town, or co		e 0, 1	161
TIN He	230	BURIAL (REMATION REMOVAL (Specify)	23b DATE THEREOI		NAME OF CEMETERY OF			ON Kity or Town)	(County	(Stote)
(Ma)	2	COLUMN TO DECTOR	June 3.	7 20	rdar Hill (I ^{ADBRESS} rgia F	7	Suitla So RECD BY REGISTRAR	25h REG ST	RAR S SIGNATION	RE
VR A15ME (5)	Wa	rner E. Pu	mphrey, Inc	· Silver	ESpring.	Md 01	JUN 8 196	37 Jan	arles J	udge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03468

CERTIFICATE OF DEATH 08471 death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE **b** COUNTY a. COUNTY Maryland Montgomerv Montgomery MARYLAND hours after b. CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Olney within 24 hours Olney d. STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) ON A FARM? filled Mt. Zion Road MONTG, GENERAL HOSPITAL NO X YES NAME OF Middle 4 DATE Month First Last Year campietely DECEASED June 10 19 67 (Type or print) Joshua Selby DEATH M. The faw requires that the death certificate be executed 1 YEAR SEX 8. DATE OF BIRTH AGE (In years IF JNDER 24 HRS 6. COLOR OR RACE **NEVER MARRIED** 7. MARRIED remave 9 ost hythdoy) Months Days Hours 8/31/87 any WIDOWED DIVORCED Negro Male 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY physician (farm Montgomery County . Md farm work 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME remayal, Joshua Selby Christine Budd attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO -transit permit. (Yes, no, or unknown) (If yes give war ar dates of service Montgomery General Hospital records lunknown WERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSTITUTE DI ATH burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' signed by DUE TO burial Canditians, if any, which gove (b) rise to immediate cause (a), **DUE TO** stating the underlying couse as the priar tal 2105CLERUS peen WAS AUTOPSY PERFORMED? PART II. OTHER STRNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE, TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. has Health ONGESTIVE NO certificate ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1 of item 18) detoched for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. (Stote) 20e PLACE OF INJURY (Hame, farm, (Caunty) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED (City or town) this factory, street, affice bldg., etc.) Haur a.m. Nat While State at work TO FUNERAL DIRECTOR: After þe attended the deceased from I certify that (1) (this haspital) 3 shauld with the be retained 1967 M. fram causes and an the date stated abave and that death occurred at the deceased alive an 22b. 22a AIGNATURI STAFF M.D ed director, page shauld be filed PHYSICIAN S TO HOSPITAL NAME (Type) Donald R. Lewis. M. 23a BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Page MT ZION CEMEBERY 6/14/67 ZION. MONTG. 24. JUNERAL DIRECTOR VR A15 (4) 25M 1/67



MADVIAND CTATE DEDADTMENT OF HEALTH

	DIVISION	OF VITAL R	ECORDS, 301 W	, PRESTO	N STREET, BALT		RYLAND 21201			
0847	3		CERTI	FICATE	OF DEATH			08	467	
I. PLACE OF DEATH						CE (Where dece	ased wed, if institut		e befare ad	mission)
o. COUNTY Mont	gomery		MA	RYLAND	o. STATE Penns	vlvania	b. COUP	AIA		
b CITY OR TOWN (If autside corporate himit d give neorest tawn)	s,	c. LENGTH OF STAY	IN 16			rate limits, write RUI	RAL and give	nearest ta	wn)
Bethesda			193 days		Getty	shura		75.	3	
d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in haspital, (d. STREET ADDRESS				e IS	RESIDENCE N A FARM?
The Clinic	al Center.	Bethesd	la Marvlan	ıd.	R.D.	#5			YES	NO Z
3. NAME OF		rst	Middle		Last	4. DATE	Man	ìħ	Day	Year
(Type or print)	The	resa	Ann	Sh	anebrook	OF DEATI	H June	27.		1967
S SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRI	ED	B. DATE OF BIRTH		9 AGE (In years	IF UNDER 1		JNDER 24 HRS
Female	White	WIDOWED	DIVORC	FD 🔲 2	8 Februar	v 1943	lost birthdoy) 24 yrs	Months	Days H	ours Min
IDa USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR		11 BIRTHPLACE (Coo	unty & State or f	oreign country)		ZEN OF WE	IAT
during most of working Hous ewif	e even ir retired	I IN	IDUSTRY		Penns	ylvania		US	INTRY? A	
13 FATHER'S NAME					14. MOTHER'S MAID					
Earl A.	McMaster				Jane W	eaver				
TS WAS DECEASED EVE	R IN u.S. ARMED FORCES? (If yes give wor or dotes i	16.	SOCIAL SECURITY NO.	17	NFORMANT The	Medical	Recordddre	355		
No.	fil hez dine mot or goles (1 C	8-32-9698		e Clinica				vland	2001
	EATH (Enter only one cou	THE STATE OF THE S							INTERVA	AL BETWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) B	ilateral :	lobar	pneumonia	à			ONSET .	AND DEATH
200.1	DUE	* *								
Canditions, if ony rise to immediat		(b)	ymphosarc	oma w	ith acute	lympho	cytic leu	kemia	12.1	Months
stating the unde		10								
last.)	(c)				:				
PART II. OTHER SI	IGNIFICANT CONDITIONS	ONTRIBUTING 1	TO DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE	CONDITION G	VEN IN PART 1(a)		19 WA	S AUTOPSY FORMED?
200 ACCIDENT WA									YES [NO [
200 ACCIDENT WA	S JNDERLYING CAUSE OF DEATH	20b DE	SCRIBE HOW INJURY	O(CURRED	(Enter nature of injury	in Part 1 or Pa	art II of item 18)			
1 III CHIDES, ROTHER	MEDICAL EXAMINER)									
20c TIME OF INJ. Hour o.	JRY Month, Day, Year	2Dd 14 While	Not While		CE OF INJRY (Hame, ary, street, office bldg.,		(City or town)	(Cou	nty)	(State)
p.1	m. 19	at war	k 🔲 at work 📙							
21. 1 certi	fy that (t) (this has	pital) attend	ded the deceased	d from $\mathbb D$	ecember 1	2 19 66 -	to June 27	7 , 196	Z, that	(k) (we) lo
	eceased alive an_s	June-27	19 <u>67</u> ,	and that	death accurred	A A A	M, fram causes			ated abay
226 SIGNATURE	- 01	Jones .			ATTENDING _	MED ALM	STAFF C		TE SIGNED	10/19
0 04	EM -	700	ry	1.M		DIRECTOR	nical Cer		une	
22c PHYSICIAIN S NAME (Type		n T T	orrin MD				Health Bo			
DO- DUD AL CREMAN			evin, MD.	METERY OF					7	
23a BUR AL, CREMAT (REMOVAL (Specify	1)	-	23c NAME OF CEI				OCATION (City or To nneauvil		County)	(State)
Burian 24 FUNERAL DIRECTO		ne 67	ADDRESS	Jose	ph's	REC'D BY REGIS		GISTRAR S SI		Pa.
H.F. Wa	îter Mc	Sherr	ystown,	Pa.			10.07	-	- 4	100

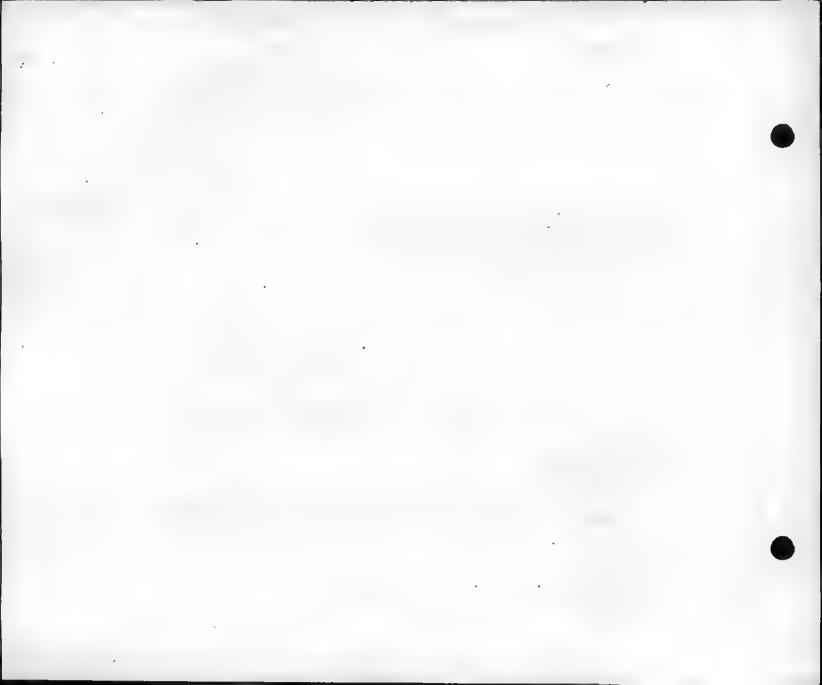
DATE 1111 2 0 1987

TO HOSPITAL OR ATTEMBING MEYSICIAN: The law Equires that the Seath certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral-director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 And should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any every, within 72 haurs after the should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any every, within 72 haurs after the should be seen as the state of the state o Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

The second

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

-2	2 -		084	73		CERTIFICA	ATE OF	DEATH		08	468
er death.	L and ler deoth	1	o. COUNTY	ONTGOME	RY	MARYLANI	0.5	I al residen ce (Tate	Where deceased lived,	b. COUNTY	ence before admission)
within 24 hours after	9 9 8	1	b. CITY OR TOW write RURAL	(N (If outside corporate limited and give negrest town)		c. LENGTH OF STAY IN 16	c CITY	OR TOWN (If o	wiside corporate limits	1 "	ive neorest fown)
n 24 ho	and campletely filled in by the remane carbon papers. Paging anythin 72 hours	٠^ [Sylvan		not in hospitol, g	ive street address) CAPE Cent	44C. []	abdress 2615	Wiscon	SIN AUE	B IS RESIDENCE ON A FARM? YES NO
d within	arban nt, with		3 NAME OF DECEASED (Type or print)	M	ABEL	Middle	St	I EA	4 DATE OF DEATH	JUNE	13 1967
certificate be executed	d cample cand) [S SEX	6. COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED Z	1//	122/1	887 70	irthdoy) Months	
ote be	sician on please re Il, and in		during most of work	TION (Give kind of work don- king life, even if retired) - TARS		ND OF BUSINESS OR DUSTRY	B	ellevi	y & State, or foreign Lou 12, Ohi		COUNTRY?
	Sylva V			mes 5	HEA				hERINE	0611	VS
that the death an.	attending p permit. The ian, ar rema		(Yes, no, or unknov	EVER IN U.S. ARMED FORCES vn) (If yes give wor or dotes	of service) 5	78-01-3048	MRS. F	P.T. W	(Sister)	WASh	
hat the n.	(1) de	1	PART I	F DEATH (Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUS	E (o)	sol, (b), and (c))	tery	The	awhere		INTERVAL BETWEEN ONSET AND SEATH
quires 1 ohysicia	physician. signed by the burial-transit burial, crema		Conditions, if	ony, which gove	(b) (b)	gehal	lha	time	2 cch	-	
The faw recated	has been s se as the b sh priar ta b		stoting the u	nderlying couse	(c)	TO DELL'A DIVINOT DELL'ATER	TO THE PERI	Unial Differs co	AND THE RESERVE OF THE PARTY OF	No 45.1	LIB WAS AUTODEN
	9 5 5	2	<u> </u>			O DEATH BUT NOT RELATED					19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: e haspital ar			OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCUR		JURY (Home, for		<u> </u>	County) (Stote)
	fter this cert be detached State Dept. a		Hour	INJURY Month, Day, Year o.m. p.m. 19	While at work	Not While at work	foctory, stree	t, office bldg., etc) A	1	19
TTENDING ained by tl	Id B			deceased alive and	ispital) atten	ded the deceased fran	that depath	occurred a	19 63 to 5 14, fram	causes and an	that (I) (we) la the date stated above DATE SIGNED
			25c PHYSICI	hut 10	Hopo	de la	M.D. PHY	ENDING S	MED S DIRECTOR P	TAFF 6	13-17
O HOSPITAL Page 4 may	ar, p	1	NAME (1 230. BURIAL, CREN	YPO) KOBERT	HERFOE	BAD ETAV 1 23c. NAME OF CEMETERY		ROCKO	23d. LOCATION	(City or Town)	2085 Z_ (County) (State)
TO HO	TO FU direct share		REMOVAL (Sp. 24 FUNERAL DIR	ecity) 6-1-		MT-OLIUI ADDRESS		METERY	D BY REGISTRAR	1 10 15 TO 2 256. REGISTRAN	V D.C.
	VR A15 (4) 20 M 1/66		4	51 DE9/2	1,211	rach. 19	. C.	patel 1		Ochen	Var Judas



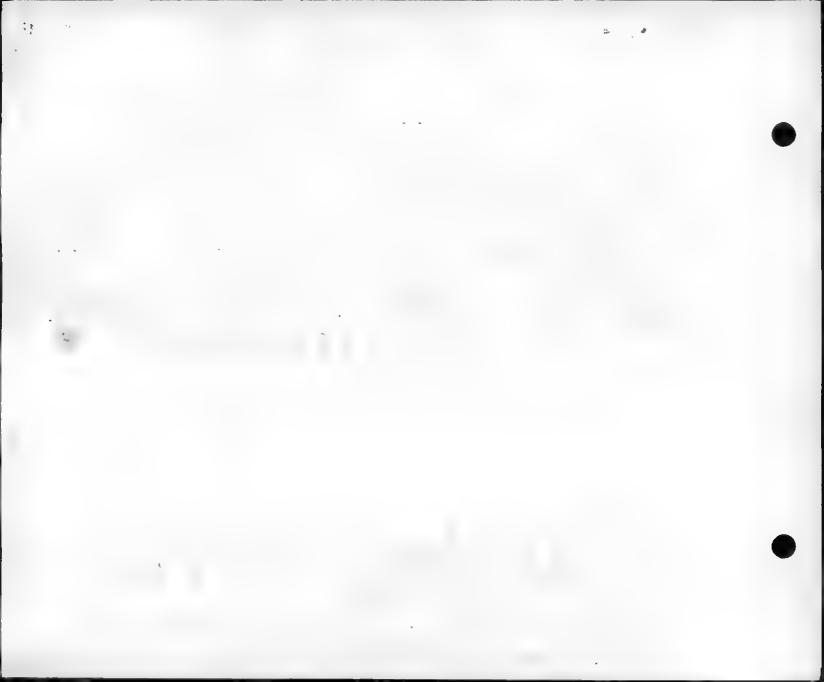
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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08469

FOR S	IAIR		98774	MEDICAL EXAMINER 3 CI	EKHILICATE OF DEATH		00503
HEALTH	DEPT.	1,	ACE OF DEATH	W 2	2 USUAL RESIDENCE (Where deceased I		before odmission)
e o 2.	10-m		COUNTY	MARYLAND	O STATE	p CONIX	
ay i 3 to Pagi	ŧ	-4	CITY OR TOWN (of outside corporate Limits		Mary land C TY OR TOWN (If outside corporate	m ts, write RURAL and give no	nerst town
del and M3	a m		write RURAL and give nearest (pwg)	D.O.A.	-111	ITIS, WITTE KUNAL SITU GIVE IT	BOTEST TOWNING
200	700		ukoma Park		DILVER SP	dng ,	- Antiques
J → E	Dep		NAME OF HOSPITAL OR INSTITUTION (IF not in	Rospitol, give street address)	d. STREET ADDRESS	1- 1-	e IS RESIDENCE ON A FARM?
es farr	State Department of		wash San	HOSDITA!	114 Mamil	ton are	YES NO 🔀
death e Page with f	Sfo		AME OF First	Middle	Lost 4 DATE	Month -	Doy Year
ter death Give Pag ong with	the the		PECEASED TIME TO THE PERSON THE PERSON TO TH	m 905eph 5	hipleu OF DEATH	6 1	5 1967
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exe Indir			18. CAUSE OF DEATH (Enter only one cause p				INTERVAL BETWEEN
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Mil the	yawr tiles Page 3 sho crematian,	MEDICAL	20c TIME OF .N.JRY Month, Doy, Year Hour o.m.		r, street, office bldg., etc.)	iy or lowly (costi)	(31016)
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MEDI olemsii d rect			ACTUAL OP	2 13.00	CHIEF MEDICAL EXAMINER		OD DATE CICHED
- L		li	ACTUAL SIGNATURE	o. I seece	M.D. ASS STANT MEDICAL EXAMINER	- 6.114.10	22. DATE SIGNED
EPUTY SSary, fumera	RAL Priar		EXAM NER'S John G. Ball	7936 Old Georgetown	Rd DEPUTY MED (AL EXAMINER Address (Street, city, town, or c	ζ,,,	
O DEPUT	FEN P	230	BUR AL CREMATION, 236 DATE THEREO	Ketherda Mary Land 23c NAME OF LEMETERY OF CRE			ounty) (Stote)
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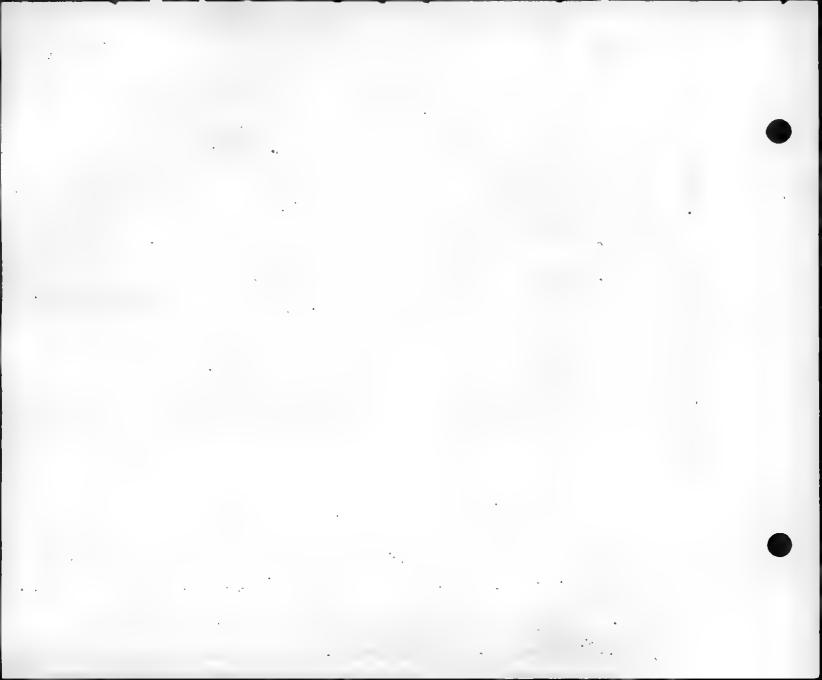


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 98475 PLACE OF DEATH a. COUNTY CERTIFICATE OF DEATH hours after death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE Montgomery
TDWNylf outside corporate limits, write RURAL and give nearest town) b. CITY DR TOWN (if outside corpdrate limits, write RURAL and give nearest town) arid connectely filled in by the benove carbon papers. Pages Jany-event, within 72 hours after MARYLAND c. LENGTH OF STAY IN 1b pri d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS No X within ROGERS NAME DF Month Day Year Middle Last DECEASED DEATH une (Type or print) 19 (0 AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. last pirthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Months I Days Hours Te de male 0 WIDOWED X DIVORCED [. the attending physician a permit. Then please restion, or removal, and in a lease re and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) pe COUNTRY? Bookkeeper 115A Anartment House certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME EXAMINER French D Bussey Bessie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Glenallen Avenue death (Yes, no, or unkown) (If yes give war or dates of service) the burial-transit perm it to burial, cramation, No None 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDICAL be retained by the hospital or attending physician. DUE TD Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior BY underlying cause tast. has 23 WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use for use Health After this certificate PERFORMED? CLEARED NO 🔽 YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) I be detached for State Dept. of H MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While While 19 at work at work OIRECTOR: Af 21. I certify that (1) (this-hospital) attended the deceased from and that death occurred at ___ M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page filed DIRECTOR FUNERAL PHYSICIAN'S ADDRESS director, p should be 1 NAME (Type) (State) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. REMOVAL (Specify) ADDRESS REC'D BY REGISTRAR

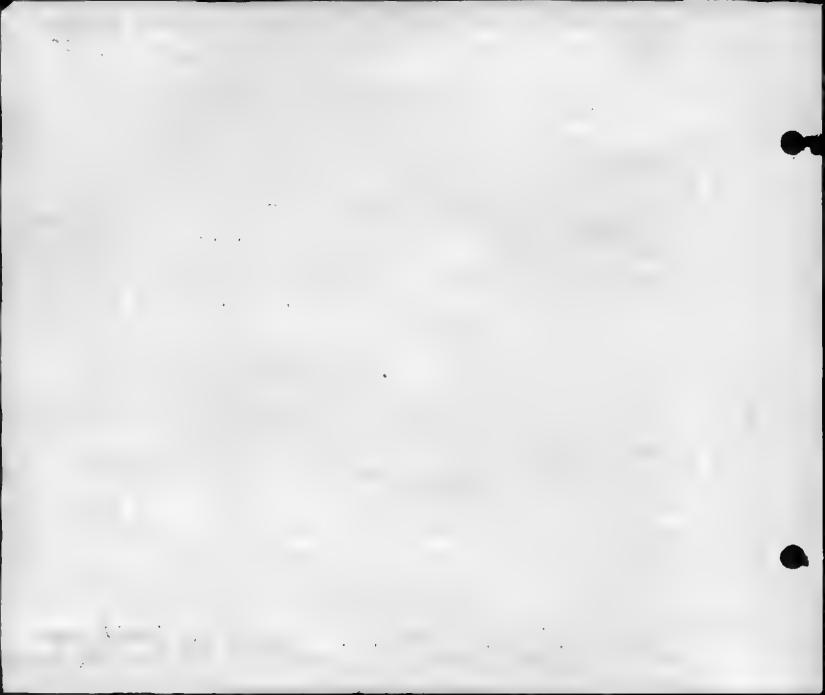
MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65



hours by the and 2 death. .= carbon 9 physician se remove c attending pl 2 removal physician. permit. signed by been signe irial-transit the 0 USB prior ठे After this detached retained ò DIRECTOR: Dept. State m FUNERAL Lirector, page Se filed with the HOSPITAL

VR A15 (4) 20M 5-63

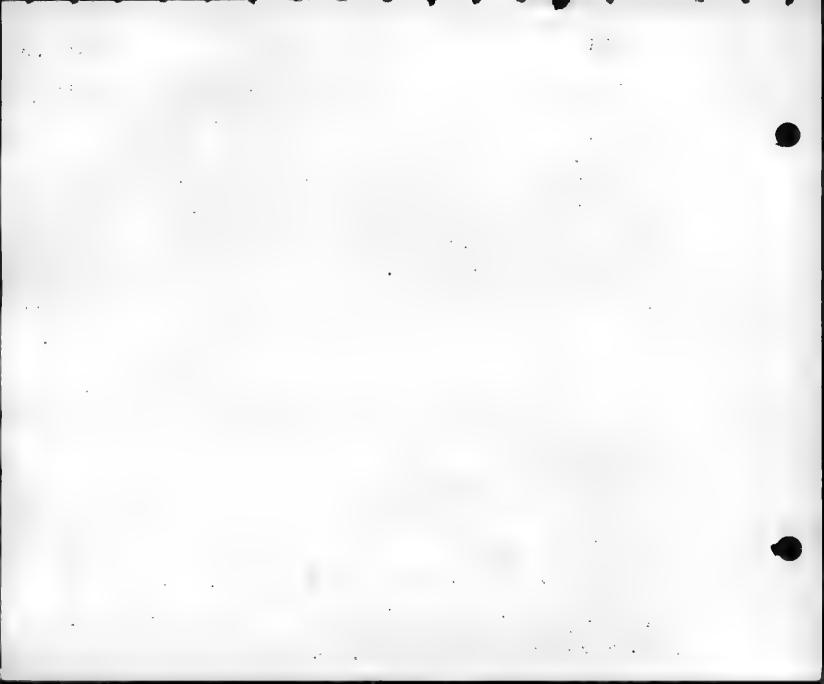


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after doubt. death after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
08477
CERTIFICATE OF DEATH
08472

	0027
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
MARYLAND MARYLAND	a. STATE TO LES LOUNTY MONTAPEUS how
b. CITY OR JOWN (if outside corporate limits, write RURAL and give nearest town)	
Sufficient and give nearest (own)	Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	s) d. STREET ADDRESS 0. IS RESIDENCE
11101 Slyz Court	11101 Sly & Court YES NO N
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) SIMER Comma	DEATH JUNE 20 1961
5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED	8. DATE DE BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
TEMALE WLIFE WIDDWED DIVDRCED	9/24/1910 56 yrs. Mondis Days Hours min.
10a. USUAL DCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BLATHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Starts of Marykand Englishment of	IN Washington W.C.
13. FATHER'S WAME	14. MOTHER'S MAIDEN NAME
Josefel Hunfrieroon	anne-toster
15 WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17 (Yes, no, or unknown) (If yes give war or dates of service)	10 01
The state of the s	Jarryh Slys Sauce as & Zalove
1/18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: PARCINEMA OF	lung with metasteses 19 min dis.
	meny with merusicies.
Conditions, If any, which \	· ·
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last.	
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
TAKT II. DINER SIGNIFICANT ODNOT IDNO OCITATIBUTING ID DEATH BUTING I	PERFORMED?
O SOCIETIES HAVE HAVE AND THE TOTAL OF THE PROPERTY OF	YES ND
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. P	LACE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Mulie Mot Aulie	tory, street, office bldg., etc.)
≥ p.m. 19 (at work)	A / 1/20 1/20 1/20 1/20 1/20 1/20 1/20 1/
21. I certify that (I) (this hospital) attended the deceased from_	Oct 1967 4/20, 1967, that (1) (we) last
saw the deceased alive on 4/20 19 6/2, and the	nat death occurred at M, from the causes and on the date stated above.
V1 11/1 1/1/2	ATTENDING - MED. STAFF - //3./.
22c. PHYSICIAN'S	A.D. PHYS. \(\times\) DIRECTOR \(\times\) PHYS. \(\times\) \(\alpha/\alpha'/\alpha').
NAME (Type) TICHDETI HIFFMAN	22d. ADDRESS EXE STREET. M.W.
171 0117111,34 7101 111111	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY DR CREMATORY 23d. LOCATION (City, town or county) (State)
Bureal Mus 27 1761 Mock Ck	EEK MANUGET N.C
24. FUNERAL DIRECTORY ALL 25 & GOLDONS	25a. REC'D BY REGISTRAR 265. REGISTRAR'S SIGNATURE
Javakur Wallets Tinshington oc	Zanes DATESUN 26 1967 June Jungs

VR AIS (4) 20M 1/65



, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 BSUAL RESIDENCE (Where deceased lived of institution. Residence before admission PLACE OF DEATH District of Columbia a. COUNTY 2, and Poge Montgomery MARYLAND b (TY OR TOWN (If outside corporate t mits, write RURAL and give negrest town)

Bethesda (rural) C LENGTH OF STAY IN 16 c CITY OR TOWN (flautside carparate imits write RURAL and give nearest town) Washington DOA permit Fle pages land2 with the State Deport e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 4 should be forwarded to the Chief Medical Examiner's Office along with form Naval Hospital 5901 7th Street, N.W. Item 18. Give Pages certificate should be executed within 24 hours ofter death. Middle 4 DATE 3 NAME OF First DECEASED 67 SMITH June Darwin Enoch DEATH (Type or print) IF UNDER 1 YEAR B DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED DC NEVER MARRIED 73 yrs Negro Male January 9, WIDOWED afterdeoth Oo JSUAL OCCUPAT ON (Give x nd of work done uring most of working life, even if retired)
Captain, U.S. Army
FATHER'S NAME 12 CIT ZEN OF WHAT COUNTRY? 11 BIRTHPLACE (State or foreign country) 10b k ND OF BUSINESS OR INDUSTRY Pittsburg, Pennsylvania USA 14. MOTHER'S MAIDEN NAME pencil hours Rosa Eaton Samuel Smith 15. WAS DECEASED EVER IN US ARMED FORCES?
(Yes, no, or unknown) (f yes g ve wor or dates of service) 17 INFORMANT Washington. 16 SOCIAL SECURITY NO Mrs. Ethel E. Smith, 5901 7th St., N. W. event within 579-48-1324 Yes 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) 30 Shindtes PART I. DEATH WAS CAUSED BY: Coronary Thrombosis, acute IMMEDIATE CAUSE (o) writing the word DUE TO Coronary arteriosclerosis, severe vears (and tions, flony, which gove) rise to immediate cause (o), .⊑ DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAI DISEASE COND T ON GIVEN N PART (a) 3 should be used removal, execute the certificate, 20g EXTERNAL CAUSE WAS 20h DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Part or Part 1 of item 18) PRIMARY TO OF CONTRIBUTING TO buriol, cremotion, or CAUSE OF DEATH 2De PLACE OF INJURY (Home farm (City or town) 2Dd NJURY OCCURRED 2Dc TIME OF .N.URY Month, Day, Year factory, street, office bldg, etc.) Hour om. 21. I certify that I taok charge of the remains described above, held an Autopsy 🕱 Inspection 🛣 , Inquiry 🔯 , and 'n my apinian death resulted fram Natura causes 😿 , Accident 🔝 Suicide 🗍 Hamicide 🗍 Undetermined manner funeral director be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAM NER SIGNATURE June DEPUTY MEDICAL EXAMINER 1967 John G. Ball, M. D. Address (Street city town or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION City of Town 230 BUK AL CREMATION, REMOVAL (Specify) Arlington National Arlington, Va. 24 FUNERAL DIRECTOR John T. Rhines & Coappress VR A15ME (5) 12th Street, N.W., Washington, D. C. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



1	tems 18-21 Film 390 6-26MARYLANDSSTATE DEPARTMENT OF HEALTH	
I COD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3474
FOR STATE HEALTH DEPT.	00813	
MEALIN DEFI.	o COLNTY b COUNTY	
200	b CITY OR TOWN (If outside corporate Lights C. ENGTH OF STAY IN b. C. CITY OR TOWN (If outside corporate mit, write RJRAL and give	
delay	write RJRAL and give nearest town)	rediest rawny
N. N. G	d NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) d STREET ADDRESS	e IS RESIDENCE ON A FARM?
S G S L	Pt. #4	ON A FARM? YES NO
after death If a give Poges 1, along with form with the state De	3 NAME OF First Middle Lost 4 DATE Month	Day Year
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after 8 Give along w.th th	S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED & B DATE OF B RTH 9 AGE (n years FUNDER 1 lost birthdoy) Months	YEAR IF UNDER 24 HRS Dovs Hours Min
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	during most of working life, even if retired) INDUSTRY // Korieblandge COU	ZEN OF WHAT NTRY?
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within pencl xamine xamine ile page hours o	Glora, Edward Sound Martha Elinheth Se	AL.
d with per Exam Exam File 72 hou	IS WAS DECEASED EVER INCLINED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	
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d be executed within 2 d "pending" in penct i Chief Medical Examiner tronsit perm.t. File page.	18 CAUSE OF DEATH (Enter only one couse per ne tor (o), (b) and (c))	INTERVAL BETWEEN
should be e ne word "per o the Chief I buriol-tronsit	PART I DEATH WAS CAUSED BY. IMMEDIATE (AUSE (o) Asphyxia due to Drowning	SN SELL AND DEATH
should e word o the Ch ouriel-tre	129. 7 DUE TO	
e shou the wo to the buriol	Conditions, if only, which gave (b) (b) DUE TO	
ficate ing th rded t	stoting the underlying couse DUE TO	
rthfice rithing rarde rd os rd os I, and	PART LOTHER SIGN FLANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BE ATED TO THE TERMINAL DISEASE CONDITION GIVEN NIPART (a)	19 WAS AUTOPSY
This certificate shotate, writing the vibe forwarded to the be used as a burn removal, and in an	20b. Went in swimming in river and drowned 20b. EXTERNAL CAUSE WAS 20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Finer nature of pury or Port Lot Port II of tem IB.)	PERFORMED?
Thritter the period of the per	200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enternature of Injury in Port Lior Part II of term IB.)	
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= 0 × + 0 =	20c TIME OF INJURY Month Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home torm 2Df (Fity or lown) (Cour Month of	ity) (Stote)
EXAM ute th uge 4 your Poge (remain	2.20 hu 2/11 2/ G. Molk [] 1000mgg 111.01	. Md.
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se executor Parallel Formal for ECTOR: I burnol, c	death resulted fram Natural causes Accident X, Suicide , Hamicide , Undetermined manner	
A Pire to the to	ACTUAL SIGNATURE ASSISTANT MED CAL EXAMINER ASSISTANT MED CAL EXAMINER	22. DATE SIGNED
UTY, party, prior	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER LI DEPUTY MEDICAL EXAMINER LI OF THE PROPERTY OF	a Alaman and a second
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VR A15ME (5) 6M 1/67	24 FUNERAL DIRECTOR Harrison Fun 1. Home ADDRESS JUN 15 1967 Clientan	Cudal
an yar	Will Crick Onberger I Lexington, Va. DATE 10 1001	7 - 0
	Land of the state	



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Н		USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS O)R	11. BIRTHPLACE (County	& State, or fareign country)	12 CITIZEN OF WHAT
	durii	ng mast et working tife even if retired) SP E-F14	toloured	WAShing	ton DC.	COUNTRY?
	13.	FATHER S NAME	100	14 MOTHER'S MAIDEN		
		Patrice Smuth.		Maran	YETA Doyl	P.
-	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY I	10. 17. 1	NEORMANT	Address	
		(If yes give wor or dotes at service) 579-60 - 173	8.4	OSPITAL	ECORDS	
				101/11/12	42	INTERVAL BETWEEN
		18. CAUSE OF DEATH (Enter only one couse per line for (s) _A (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)		W. Coul	. 25	ONSET AND DEATH
-		, Inimicial Gost (a)		- Just Myle	513	10 191 40[23
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	-1	stating the underlying cause DUE TO				
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	E	OR CONTRIBUTING CAUSE OF DEATH	VU	gue		
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	₩ ₩	Hour a.m. While of work Art work		fin, street, office bldg , etc.)	-	
	ŀ	21. I certify that (I) (this hospital) attended the decer		9 1/2 / 1	966, to Jy Ne 1,	, 19 6 7, that (I) (we) last
		saw the deceased alive an A 4 3 / 196	7 and that	death accurred at	//CP M, from causes one	
	ı	220 SIGNATURE	T, did illui	ocom occomod di		22b DATE SIGNED
		and Dela Mitte	M.D.	ATTENDING PHYS	MED STAFF DIRECTOR D, PHYS.	JUNE 1. 1917
		22c PHYSICIAN S	, MCD	22d ADDRESS	DIRECTOR CO. PRIO.	1
٦		NAME (Type) JA 1425 M. hoft	15 MI	54/5-	Connectiunt o	Ave Wash-DC
	220	BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF	CEMETERY OR C		23d LOCAT ON (City or Town)	(County) (State)
	230	BEMOVAL (Specify), 1 5 1919 11.	7/1/	INET		1. (51016)
	20		1.02	A LAP 250. REST	REGISTRAR 400-955 REGIST	CALITAND S ORON
	24	FUNERAL DIRECTOR J 474 NODRES	Jul - 1	! "	JN 6 1967 1967	costa la Judge
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and leastly event, within 72 hours after deptit Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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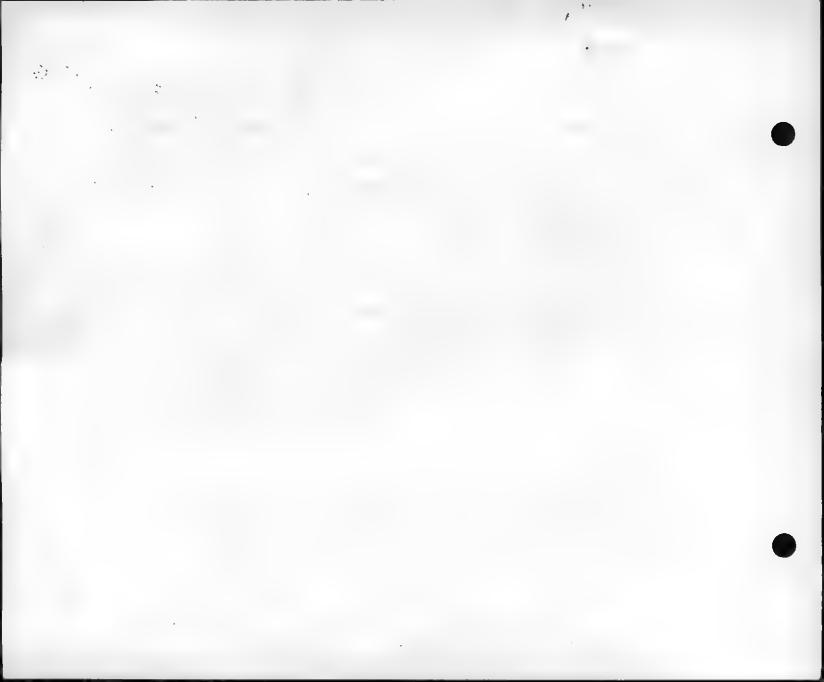
- 22		08481	CERTIFICATE OF DEATH	00040
res that the death certificate be executed within 24 hmuss after death sician. ed by the attending physician and completely filled in by the funeral altransit permit. Then please remove arban papers. Pames Land altremation, ar removal, and in an event, within 72 haurs after death, cremation, ar removal, and in an event, within 72 haurs after death.	1	PLACE OF DEATH a COUNTY, //Ontgomery -	2 USUAL RESIDENCE (Where deceased lived, if institut a STATE b. COUI	
by the Pares aurs aft		b. (ITY OR TOWN (f autside corporate limits, write RURAL and give pearest tawn)	2 Months - 4 days Washing Ton - D C	RAL and give nearest tawn)
n 24 hi illed in papers. In 72 h		d MAME OF MOSPITAL OR INSTITUTION (If not in Yensington Gardens	1	V-W e IS RESIDENCE ON A FARM? YES NO E
d within	3	NAME OF First DECEASED (Type or pnnt)	Middle Last 4 DATE Mant OF JEATH JUN	
and completely remove tarban n any event, wh	S		MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n years lost birthday) WIDOWED DIVORCED MARCH 28-1889 7 75	IF JNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min
itate be ex Isstan and please rem Il, and in an		o USUAL OCCUPATION (Give kind of work done ring mast of working life, even if retired)	10b KIND OF BUSINESS OR II BIRTHPLACE (County & State, or foreign country) Washington, DC	12 CITIZEN OF WHAT
certifica physic hen ple noval, c	13	Charles BCATER.	14 MOTHER'S MAIDEN NAME MATGUET CALVIN	
he death certificate t attending physician permit Then please ian, ar removal, and i	1S (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dates af sei	rvice) 16. SOCIAL SECURITY NO 17 INFORMANT / Address 579-60-1738 THE AREA MARCA ARE	T Box 2
that the death certific an. by the attending phys transit permit Then p crematian, ar removal,		18. CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g).	per line far (a), (b), and (c).) Con (2) of h. sel	ONSET AND DEATH
phy sign buri		Canditians, if any, which gave itself to immediate cause (a). Stating the underlying cause DUE TO	Ca ex log Colon	2, A. J
e law retending as been as the prior ta		last. (c)	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
AN: The	CERTIFICATION	200 ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.)	PERFORMED? YES NO
Date of		OR CONTRIBUTING (CAUSE OF DEATH FIRE (IF EITHER, NOTIFY MEDICAL EXAMINER)	none	(6)
DING PHYS by the has lifter this ce be detache State Dept.	MEDICAL	20c TIME OF INJURY Month, Day, Year Haur a.m. 216-7-96	20d INJURY OCCURRED While Nat While at work 20e PLACE OF INJURY (Hame, farm, factory, street, affice bldg, etc.)	(Caunty) (State)
R: A		21. I certify that (I) (this-hospite saw the deceased alive on 1.1.	of) attended the deceased from 12 No. 1966, to 12 12 2 Le 30 1967, and that death occurred of 2 M. fram causes	9, 19 /, that (I) (we) and on the date stoted abo
TO HOSPITAL OR ATTEN! Page 4 may be retained TO FUNERAL DIRECTOR: 9 director, page 3 shauld shauld be filed with the		220 SIGNATURE JULIUS JU	M D ATTENDING MED DIRECTOR PHYS	22b. DATE SIGNED
SPITAL I may IERAL or, pag d be fil		22c PHYSICIAN'S YOUNGER (Type)	14/ 1/ oftus 22d ADDRESS CONCELL	Aut i'u
ro Hospital or Page 4 may be r To FUNERAL DIRE director, page 3 shauld be filed v	23	BURIA. (Specify) 23b DAYE THEREO	767 M. OLIVET WASK	t. D.C.
VR A15 (4) 25M 1/67	2	FUNERAL DIRECTOR FUNERA	1 HOHE - WASH. D. C. DATE JUL 12 1967	Clearles Judgis



21 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
- 25	38482 CERTIFICATE OF DEATH
er deoth funerol l ond ;	1. PLACE OF DEATH o COUNTY OTTGEMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) b. COUNTY b. COUNTY
law requires that the death certificate be executed within 24 hours ofter death adding physicion. been signed by the attending physician and completely filled in by the funeral state burial-transit permit. Then please carbon papers. Pages I and 2 is the burial-transit permit.	b. CITY OR TOWN (if outside corporate limit), write RURAL and give nearest town) Welle RURAL ond give nearest town) Letter to the component of the component
Milled in 72 h	d. NAME OF HOSPITAYOR INSTITUTION (If not in hospital, give street address) Lensington Cardens Nursing Home. 3800-McCall St. N.W YES \(\sigma \) NO \(\sigma \)
within	3 NAME OF DECEASED (Type or print) Rose Sungary Death June 16 7
xecuted comple	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years of birthday) Months Days Hours Min Doys Hours Min
rian and	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 KIND OF BUSINESS OR II. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (County & Stote, or foreign country) 14. S.A.
certifica g physic fhen pla moval,	13. FATHER'S NAME Frederick SACHTER Wilhelming (UNKNOWN)
deoth ttending ermit. n, or rea	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 219-54-8440 MRS. LUCIE BRATENAUL, WASH., D. C.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicianty, page 3 should be detached for use os the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or removal	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) GENERAL GERMAND DEATH ONSET AND DEATH
the law requires the ottending physicion. but been signed by se os the buriol-troin harior to buriol, cre	Conditions, if only, which gove (b) general debility /2/2,
law reconding posensing the been since the been since the been since the been since the bear sin	stoting the underlying couse (c)
A: The or offer the has or other or oth	PART II OTHER SIGNIFICAT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERGULA DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? PERFORMED? AND ACC DENT WAS UNDERSYMED 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury) Port I or Port II of Item 18.)
rsicial ospital certifico hed for nt. of He	ACC DENT YAS UNDERLYPED 206 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury) Port 1 or Port II of Item IB.) OR CONTRIBUTAG CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ATTENDING PHYSICIAN etained by the hospital of GTOR: After this certificol should be detoched for orth the State Dept. of He	20c TIME OF INJURY Month, Day, Year Hour or m. 19
TENDI ined by OR: Aft ould be other St	21. Lertify that (1) (this haspital) altended the deceased from 5 / 4, 16 / 6, 16 / 6, that (1) (we) last saw the deceased glive on 5 16 / ond that death occurred at 145 M, from couses and on the date stated above
OR ATTEN be retained DIRECTOR: , je 3 should ed with the	220 SIGNATURE J. Sengo Tack Not ATTENDING DIRECTOR STAFF 226 DATE SIGNED 67
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detoo should be filed with the Stote Der	122c PHYSICIANS GEORGE F. SENGSTACK, M.D. 924 COL, BLUD, SILVER SPRING, MA.
TO HOS Page TO FUN direct shoul	230 BUR AL (REMATION, 23b DATE THEREOF 23: NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) PRIMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) PRIMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 REC'D BY REC'D BY REGISTRAR 250 REC'D BY REGISTRAR 250 REC'D BY REGISTRAR 25
VR A15 (4)	Joseph Soulen Sous, Washington C. Date 1007 Charles Judge



	It	ems 18821 .Film 390 MARYLAND STATE DEPARTMENT OF HEALTH 7-13-67 amedivision of vital records, 301 w. preston street, Baltimore, Maryland 21201	
FOR STATE		08483 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ACE OF DEATH (OUNTY MARYLAND CITY OR TOWN (If outs de corporate limits, C.ENGTH OF STAY IN 1b) CUTY OR TOWN (If outs de corporate limits, write RLRAL and a ve negrest town)	
ve Pages 1, 2, on 3 with farm PM3. On the State Department	L	Write RURAL and give neorest town ARK SILVERI SORING	C F
th H day I form I form I form	1	UASh. JAN X WOSPITAL CHERRY HILL Rd YES NO	
hours after death If them 18 Give Pages 1, Office along with form load 2 with the State De r death.		PECEASED A COLOR OR RACE 7 MARRIED A NEVER MARRIED B DATE B RIH A GE (N years IF UNDER 1 YEAR IF UNDER 24	Z HR!
hours after Jem 18. Gi Office aloni Poed 2 with r death.	100	MIDOWED DIVORCED Aug 7-22 dast birthday) Months Doys Hours M Scal OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11, 8/RTHPLACE (State or fareign country) 12 CITIZEN OF WHAT	din
	L	TOUNTRY? INDUSTRY ARM MANAGER INDUSTRY 14. MOTHER S MAIDEN NAME	
ed with in perion Exami		MAS DECEASED EVEN U.S. ARMED FORCES? 16 SOCIA. SECURITY NO 17 INFORMANT Address NO. OF UNKNOWN) If yes give wor of dotes at services and services at services and services at services and services and services at services and services at services and services and services at services and services and services at services and services are services at services and services at services and services at services and services are services at services and services at services and services at services and services are services at services at services and services at services at services and services at services	_
executed w ending" in t Medical Ex t permit. F I within 72 h		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) NTERVAL BETWEE	N N
should be e ne word "per a the Chief I burial-trans t any event v	′	20 / IMMEDIATE CAUSE (o) Acute Coronary thrombosis	п
ficate should be executed within 24 hours of the word "pending" in percil in Jehn 18 rided to the Chief Medical Examiner's Office as a burial-transt permit. File pages lond 2 and in any event within 72 haurs after death		(b) Coronary artery heart disease (b) DUE TO (c)	
CAL EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" in pendin I bem 18. Give Pag or. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with d far your files. TOR:Page 3 shauld be used as a burial-trans t permit. File pages toned with the Stainal, cremation, ar remaval, and in any event within 72 haurs after death.	TION	OSSE. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES \$\frac{1}{2}\$ NO	
<u> </u>	CAL CERTIFICATION	200 EXTERNAL CAUSE WAS 200 DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH	
CAL EXAMINER: execute the cert or. Page 4 shauld of far your files. :TOR: Page 3 shau unal, crematian, a	MED CAL	20c TIME OF INJURY Manth, Doy, Year 20d N.L.RY OCCURRED 20e PLACE Of NJURY (Hame, farm, Haur a.m. 20f (City or fawn) (Caunty) (State p.m. 19 at wark of wark of wark of wark 20 to wark 20	(e)
DEPUTY MEDICAL EXAM sessary, glease exercite the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page eath prior ta burial, crema		21 Certify that taok charge of the remains described above, held an Autopsy Inspection Inquiry I	nic
DEPUTY MEDICA recessary, glease exhering the funeral director. may be retained if FUNERAL DIRECTO		ACTUAL SIGNATURE ACTUAL ASS STANT MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER 22. DATE SIG	NEI
DEPI seesso me fun may FUNE eafth	150	EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) BE LOEN LOCATION (CTIVE) COUNTY) BURIAL CREMA ON LOCATION (CTIVE) COUNTY (COUNTY) COUNTY (STORE	6
5 = = ~ 5 =	25	REMOVAL (Specify) June 20 1961 St John's Speccaged Dettricle Trings ton 116	1
VR A15ME (5) (1) 6M 1/67	2	White harry wells 254 Garrol Approximated The Jun 2 1 1967 grants ying	



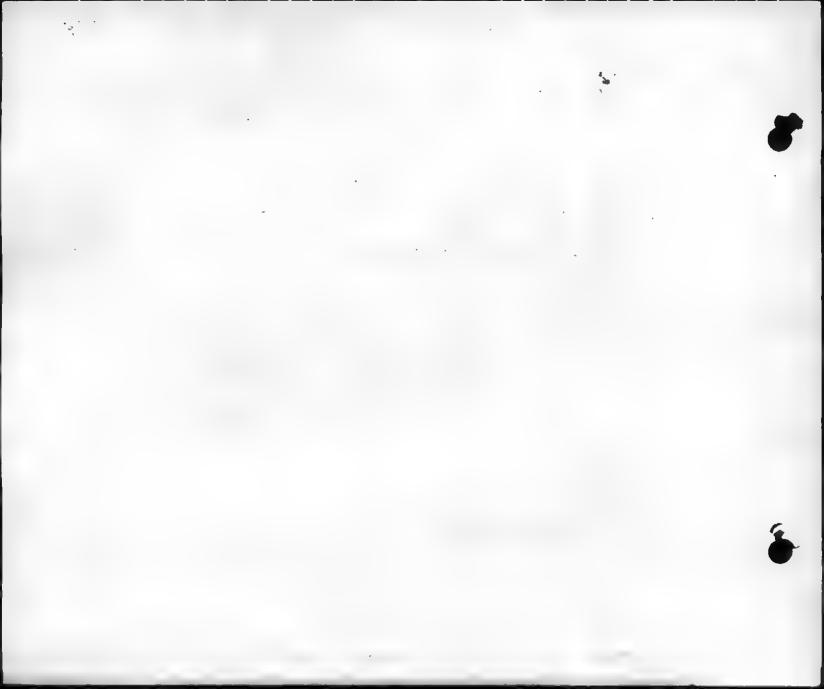
		38484	CERTIFICATE (OF DEATH		08478
		PLACE OF DEATH O. COUNTY		o STATE	deceased lived, if institution: b. COUNTY	22 7
		b CITY OR TOWN (It outside corporate limits, c EEN)	MARYLAND GTH OF STAY IN 16 C	CITY OR TOWN (If ourside	corporate limits, write RURAL of	and give negress town)
		Detheodia !	5 Lays		aton	A TI II W DOUBLANT
10	'	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree	oddress)	2213 SA	orexield Rd	of a farm? YES NO
	l i	NAME OF First DECEASED	Middle STELL		DATE Month	Doy Yeor 20 1967
	_	(Type or print) SEX 6. COLOR OR RACE 7 MARRIED X N	EVER MARRIED 8. 6	DAJE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
	10.	temale white widowed	DIVORCED 7	19/07	59 YIS	
		USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) INDUSTRY	Lamo -	1 BIRTHPLACE (County & Stot	Pa	12 CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME TO THE TOTAL TO THE STATE OF T	20	MOTHER'S MAIDEN NAME	Fink	2
		WAS DECEASED EVER IN J.S. ARMED FORCES? 15, no, or unknown) (If yes give wor or dates of service)	ECURITY NO 17 INFO	DRMANT /	Address	ane as alove
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	and (c))	weere	www-man	INTERVAL BETWEEN OWSET AND DEATH
		1533 Conditions, if ony, which gove) DUE TO	in ahi	solle lo	Ksis	
		rise to immediate couse (a), stating the underlying couse (bst (c)	minna .	Summo	1	
2	NOIL	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 200 DESCRIBE H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED (Ent	er noture of injury in Port	or Port II of Item 18)	
	MED CAL			OF INJURY (Home, form, street, office bldg, etc.)	20f (C+y or town)	(County) (State)
		21. I certify that (1) (this haspital) attended the sow the deceased glive on 2.70 this	deceased fram	eath occurred at 6	to O 20/	on the date stated above
		220. SIGNATURE	MD	ATTENDING MED DIRECT	STAFF C	22b DATE SIGNED
,		22c PHYSICHAN'S C. C.C. MAME (Type) PICHARD C. MS	_	22d ADDRESS 8512 012		UN RD BETHES
1	230	BUR AL, CREMAT ON, 23b DATE THEREOF 23c	NAME OF CEMETERY OR CRE		3d LOCATION (City or Town)	(County) (State)
	E	REMOVAL (Specify) 6-23-67 PA	RKLAWN		POCKVILLE	Mo. MD
12		I. FUNERAL DIRECTOR	ADDRESS PERSON I	250 REED BY	F 10 17 17 17 17 17 17 17 17 17 17 17 17 17	RARS SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages if and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after desired.



within 24 hours after death.

DEAD

	0848 0			CERTIFICAT	E UP DEATH			UO	7 12	
	o. COUNTY			Markin Aug	2. USUAL RESIDENCE 0. STATE Wisco		lived, if instituti b. COUN		before adm	บรรเซก)
H	b CITY OR TOWN (fac	cgomery Itside carparate limits,	c LENG	MARYLAND OTH OF STAY IN 16	c CITY OR TOWN (IF		lemits, write RUR	AL and give	nearest tow	n)
	write RURAL and giv	re nearest tawn)	1 73	days	Madis			•		,
	d NAME OF HOSPITAL O				d STREET ADDRESS	7011			e. IS E	RESIDENCE A FARM?
	Naval Ho	snitel			1921 No	rthweste	ern			NO [
= "	NAME OF	Firs	1	Middle	Lost	4 DATE	Mont		Day	Year
	DECEASED (Type or print)	Gordo	n Wa	iyne ST	oflet	OF DEATH	June	29		19 67
4 .			7 MARRIED N	EVER MARRIED	B DATE OF BIRTH	91	AGE (In years	IF UNDER 1	YEAR IF JA Days Hou	NDER 24 HE
	Male	Cauc	WIDOWED	DIVORCED	Oct. 18, 1	.940 20	ast birthday) yrs	aldinis ;	Duys 1100)15 F31R
	Oo, USUAL OCC. PATION (Gr luring most of working life,		106 KIND OF BU	JSINESS OR	11 BIRTHPLACE (Cour	nty & State, or fareig	gn cauntry)	12 (11)	ZEN OF WHA NTRY?	T
1	USMC	even in replied)	INDUSTRI		Madison,	Wiscons	sin	- 000	U	SA
•	13. FATHER'S NAME				14. MOTHER'S MAIDE					
	Gordon S	toflet			Virgini	la Ginger				
	IS. WAS DECEASED EVER IN (Yes, ng, grunknown) (If y	U.S. ARMED FORCES?	16. SOCIAL SE	CURITY NO 17.	INFORMANT		Addre	\$\$		
	Yes	es give war or dules or	PNKN	own	Hospital re	ecords				
Г	18. CAUSE OF DEATH	(Enter only one cause	e per line far (o), (b),	and (c).)	0 0		1 1	- 1	INTERVAL	BETWEEN
	PART I. DEATH V	IMMEDIATE CAUSE (d) Devere	Crancel	rebral e	ngury	due to.			1
l	4 · X	DUE T	o/Severe d	raniocere	bral injury	due to	missile		6 wk	wa
	Conditions, if ony, wh	use (a)	0)						O WE	19.
	stating the underlyin	g couse Dut I								
l	last.		c)						I 19 WAS	ALLTORCY
44.000	PART II. OTHER SIGNIF	FICANT CONDITIONS CO			THE TERMINAL DISEASE (PERFO	AUTOPSY ORMED? NO
	20a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	AUSE OF DEATH	20b. DESCRIBE H	w injury occurred Enemy Act:	(Enter noture of injury	in Port I or Port II	of item 18)			
100100	20c. TIME OF INJURY Hour a.m. p.m.	May 1319	20d. INJURY OC While No at work a	t While fo	ACE OF INJURY (Home, fo ctary, street, office bldg., e	otc.)	City or town) Tiet Nam	_		(State
l	21. I certify	that¾(I) (this hasp	ital) attended the	deceased fram_	June 16	, 19 <u>.67</u> , to_	June	29, 19°	, that ((we)
	saw the dece	ased alive an <u>Ji</u>	me 29	19 <u>67</u> , and th	at death accurred	at <u>205A</u> M,	fram causes			ated ab
	220. SIGNATURE	Tilkne	1	the land	A.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DA1	SIGNED /	67
	22c. PHYSICIAN'S NAME (Type)	L. EDEL	MAN, M. D.	·····	22d ADDRESS Naval I	Hospital	, Bethe	sda, M	d.	1
4	230 BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THER	23c. I	NAME OF CEMETERY OF	MorPal Par	k 23d. LOCA	TION (City or Tax ison Wi		County)	(Stote)
F		12-1-1	4 -	oselawn/Ce		EC'D BY REGISTRAR		GISTRAR'S SIG		
			10020 1		4 4 4		67 20	Conce	, Cuch	el.
1	1400 Cha	pin Street	C. N. W. W	asnington	, D.O. DAKEU	E O IO	1	-	1 0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician. 20 M 1/66

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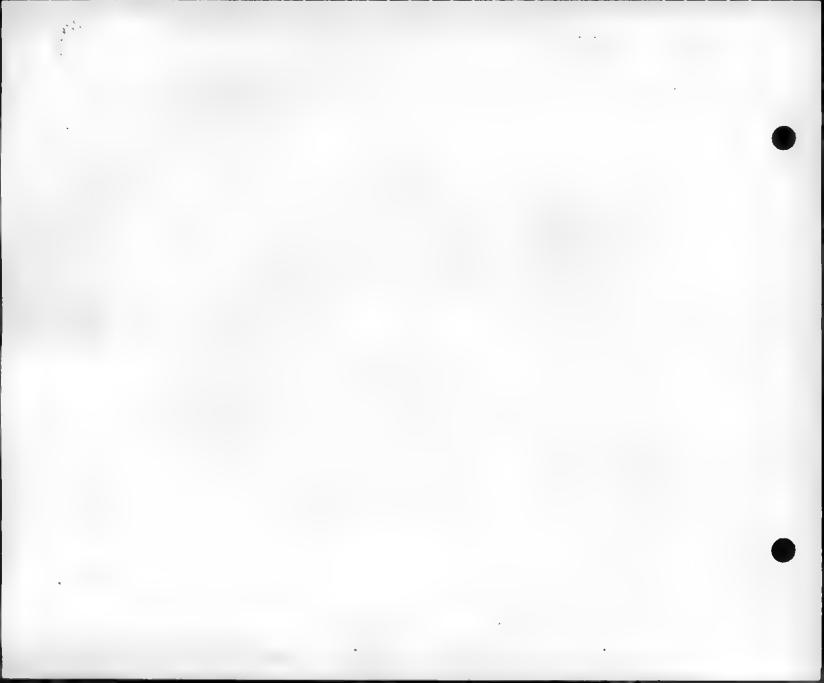
CERTIFICATE OF DEATH

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Y 1 /	L		007	Kao
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence b	efore odmission)
5		o. COUNTY Monteomery MARYLAND	o STATE Maryland b COUNTY f	
=		b. CITY OR TOWN (f ourside corporate limits, C LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give ne	ornet town!
2		write RURAL and give nearest town),	Brentwood	ores. Town,
3	<u> </u>	Takoma Park 7 Rays		F
7 01	١,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address).	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
AIII 17 III 100 II 100		Washington Sanitarium + Hospital	3800 Shephard Street	YES NO
		NAME OF 1 First Middle		Doy Year
		DECEASED (Type or print) Harry Leroy	Stoner Groenth June 1.	3 1967
	S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH / 9. AGE (In years IF UNDER 1 YE.	
		Male White WIDOWED DIVORCED	11/26/95 lost birthdoy) Months Do	ys Hours M.n.
5	10o	USUAL OCCLPATION (Give kind of work done 10b KIND OF BUSINESS OR		OF WHAT
3	dur	ing most of working life, even if retired) INDLSTRY	Maryland COUNT	rs. A.
5	12	Retired FATHER'S NAME	14 MOTHER'S MAIDEN NAME	3.77.
5	13.	: 0/	Reyholds	
2				
2	15 (Ye		INFORMANT Address	. //
o ,	Ľ	es, no, or unknown) (If yes give wor or dotes of service) 216-44-889 H	ospital Records, Wash. Sa	n. & Hosp
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	,	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)		ONSET AND DEATH
25		1810 DUE TO		1 200
<u> </u>		Conditions, if any, which gove) the Metastati, Concr	nome in headle	Exment of
		rise to immediate couse (a), stating the underlying couse DUE TO		
_		last (d) Cancal Maria	2 M Tolodo	
2		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
= /	MEDICAL CERTIFICATION	The state of the control of the state of the	THE PERMITTED STREET IN THAT (10)	PERFORMED?
2	E.	20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)	YES 🔀 NO 🗌
5	ERT	OR CONTRIBUTING CAUSE OF DEATH	(care notice of figury at Fort 1 of Fort II of Rem 16.)	
- -	AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
2	ă		CE OF INJURY (Home, form 20f. (City or town) (County tory, street, office bldg., etc.)) (Stote)
20	2	p.m. 19 of work of work	1200	
2		21 I certify that (I) (this haspital) attended the deceased from	17 March, 19 (4, to 1/13, 1967	that (1) (we) las
Ĕ		saw the deceased alive an	t death accurred at 10 fM, from causes and on the	date stated above
=		220 SIGNATURE 1 A - A	ATTENDING MED STAFF 226 DATES	GNED
≶ D		MANNA - White	D PHYS. DIRECTOR L PHYS L ()	3/67
=		22c PHYSICIAN S NAME (Type) Arthur J. Wilets	1015 Spring st Silver Spring	Md.
3 /		NAME (Type) Artnur J. Wilets	1010 oparing st officer oparing	rid.
State of the state	230	BURIA., (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City of Town) (Col	enty) (Stote)
E W		Burial June 16, 1967 Ft Lincoln C		o Md.
MI		I, FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 250 REG STRAR'S SIGN	ATURE
Uly		F. Gasch's Sons Hyattsville, Md.	JUN 19 1967 Rollanles &	udge

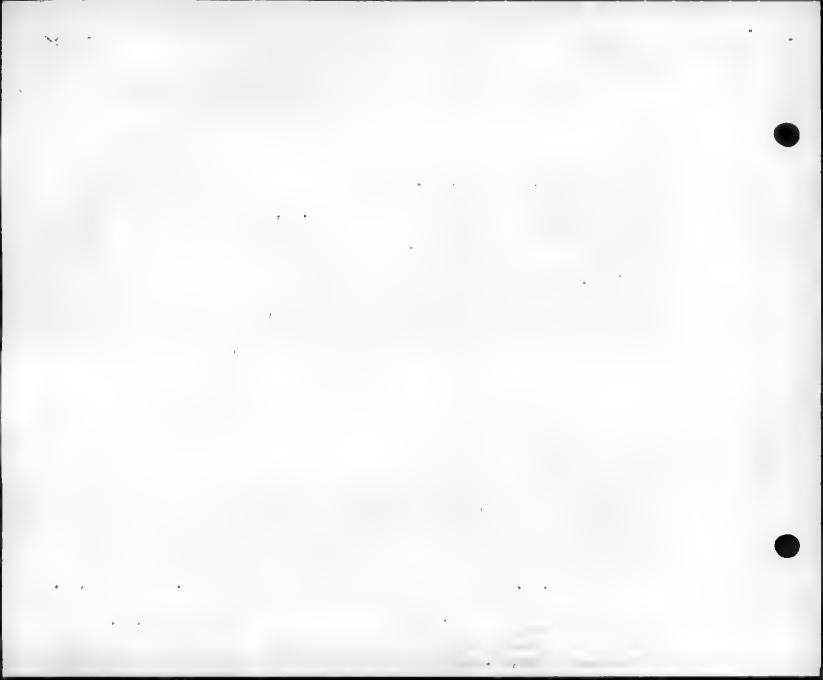
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays—cathon, papers. Pages 1 and

> VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(MA)		0848	7		CERTII	FICATE	OF DEATH)8451	
a dear		PLACE OF DEATH	ontgomery		MAR	YLAND	2. USUAL RESIDENCE (W	there deceased lived, if inst b. C	CONTRA	ce before admis	
arre the f		CITY OR TOWN	(If autside corporate firmit id give nearest town)	5,	c LENGTH OF STAY	IN 1b	c CITY OR TOWN (If aut	tside carparate limits, write	RURAL and give	nearest tawn)	
m by 1		Bethesd	Я				Rockville			/ /	1 601100
d in 72 h			TAL OR INSTITUTION (If no Hospital	ot in haspital, i	give street address)		d STREET ADDRESS	ain Lock Ros	he		FARM?
		NAME OF		rst	Middle		Last		lanth	Day TES	NO A
that the death certificate be executed within 24 aurs after an an above the attention by the attention physician and campletely filled in by the fur ransit permit. Then please remaye carbon papers. Pages I crematian, ar remayal, and in any event, within 72 haurs after		DECEASED (Type or print)	ROBERT LEE	SWAIN	, Sr.			OF June	3,1967	1	9
cured ampl ve co	5	_	6 COLOR OR RACE	7 MARRIED			DATE OF BIRTH	9 AGE (In years	(F UNDER) Months	YEAR IF UND	DER 24 HRS
E B E	100	Male	White N (G ve kind of work done	MIDOMED	IND OF BUSINESS OR		Sept.20,190	State, ar fareign country)		IZEN OF WHAT	
	dur	ng mast af working	life, even if retired)		ind or business on injustry iilding		Maryland		12 (0)	USA	
ysicic pleo	13	PATHER PRAME	r		TTGINE		14. MOTHER'S MAIDEN N			ONA	
phy phy hen hen hen hen		Jessie	A. Swain				Unknown				
death certing finaling phys mit. Then p , ar remaval,	1S. (Ye	s, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dates o	f service)	SOCIAL SECURITY NO.		NFORMANT		ddress		
attınıli permit. ian, ar r		yes	PATH II		9-07-0028	Vi.	rginia M. S	wain-Item#	2	INITEDVAL E	CDUCEN
squires that the death certific physician signed by the attending phys burial-transit permit. Then purial, crematian, ar remaval,		PART I. DE	EATH (Enter only one county WAS CAUSED BY	Y ,	JUDONA.	LRU	in faire ties			ONSET AND	DEATH
quires that t physician signed by the burial-transit ourial, crema's		4	, IMMEDIATE CAUSE DUE	/			11-10				
equires the physician signed by purial-tra purial-tra purial, cre		Conditions, if on rise to immedia	te couse (a)	(b)	Ordrary	_al	Mosclive	Jaly			
ng p ng p en si en si en si ta b		stating the undi			/						
te taw re trending as been as the priar tat			IGNIFICANT CONDITIONS C	(c)ONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		19. WAS AT	JTOPSY
al ar atl icate ha far use Health ,	ATION		1/ 1/ -	1108mg		HARR				YES	NO 🕞
The state of the s	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH Y MEDICAL EXAMINER)	205.	ESCRIBE HOW/INJURY	CCURRED. (Enter nature of injury in P	Part I or Part II of item 18.			
the haspi the haspi or this certi detached ate Dept. of	MED CAL	Hour a	JURY Manth, Day, Yeor .m. m. 19	20d While at war		20e. PLAC facto	E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	, 20f (City or town) ((oi	inty)	(State)
After d be ce State			ify that (I) (this has					963 10 6-		Z, that(i)	
retained retained retained strong: A strong should with the		saw the c	deceased alive on_	1-3	19.6.7.	and that	,	M, from caus		ne date stat Atesigned	ed apave
be retained DIRECTOR: ge 3 shaulded with the		X	Israld &	(21	MU	M.D	ATTENDING PHYS	MED: STAFF DIRECTOR PHYS.		3/67	
RAL RAL F. Pa		22c PHYSICIÁN NAME (Typ	D. L.	Bucy			809 Viers	Mill Rd.,R	ockvil	le,Md.	
o Fundamental	230	REMOVAL (Specif	v) :		23c. NAME OF CEM		CREMATORY	23d LOCATION (City or		(County)	(Stote)
5 5 5 4 W	24	Rangial	6/6/6	7	Monocacy		2So PECID	Beallsvil. BY REGISTRAR 25b.	REGISTRAR'S S	IGNATURE .	
VR A15 (4) 20 M 1/66	Ty	son Whe	eler Funer	al Hom	ne-1331 Ro	ckvi	lle Pike	N 9 1967	4 4/3/4	18 g Jud	12.
	-		Rockville.	Mu			USIX		14.	47	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of templal, and in any event, within 72 hours attentionally. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

<u></u>	28/88	<u> </u>		CERTIFICAT	E OF DEATH	1		-084	132
1.	PLACE OF DEATH					CE (Where deceased	lived, If Instituti	ion: Residence	before admission)
	Montgom	BLA		MARYLANO	a. STATE Maryland		Prince	Ceorne	J
	b. CITY OR TOW	N (if outside corpor and give nearest to	rate limits, own)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	outside corporate) limits, write R	(URAL and giv	e nearest town)
_	Wheaton		fign di t - b	l ½ mos.	Hyattsvi d. STREET AODRESS	Lla			, IS RESIDENCÉ
	u. NAME OF HO	SPITAL UK INSTITUT	IUN (IT not In nos	spital, give street address)	d. STREET AUDRESS				ON A FARM?
=	Univers	ity Nursin		984 7.44	1914 Fox		No.		Year
3.	DECEASED (Type or print)		First	Middle	Last	4. DATE OF DEATH	Month	Day	
5.	SEX	6. COLOR OR RACE		WEEDBY NEVER MARRIED	8. DATE OF BIRTH	I 9 AGE	(In years IFU	6/ 4 INDER 1 YEAR I	1967 IFUNDER 24 HRS.
	Consta	white	WIDOWED !			8 90 76%	birthday) Mon	nths Days	Hours Min.
10:	Female J. USUAL OCCUPAT	TION (Give kind of wor ing life, even if reti	-	ND DF BUSINESS OR	11. BIRTHPLACE (C		7.4.	12. CITIZEN C	OF WHAT
gui		ing life, even if retil ent clark		o. Gout.	Alexandria	a Va		USA	1
13	FATHER'S NAM	E CTOLK	1 0000	90000	14. MDTHER'S MAIL	DEN NAME	,		
	James M	Narmaduke			Alice Re	eed			
15 (Y	. WAS DECEASED	EVER IN U.S. ARMED I	FORCES? 16. S	OCIAL SECURITYNO. 17.	INFORMANT	1914	Pox St	reet	
	no	Noi		-52-6495 Geo	rge W. Swee	ney Hyat	tsville.	Mary!	and
				e for (a), (b), and (c).				INTER	RVAL BETWEEN ET AND DEATH
		EATH WAS CAUSED E IMMEDIATE CAUS	3Y: SE (a)	Renal do	sufficien	reg			2HRS
	1000		E TO GAZ	5-1-1-12	7 10 1	1/2	0- 10		
	Conditions, if gave rise to	Immediate /	(b)	ore seese	a car	- goale			
	cause (a), si underlying caus	raring rue [JE TO						
No			(c) Tions contribut	TING TO GEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASECONDITIO	N GIVEN IN PAR	T 1(a) 19.	WAS AUTOPSY
CERTIFICATION			-	Desbette 7	nellita			YES	PERFORMED?
E	20a. ACCIDENT	WAS UNDERLYING ING CAUSE OF DE	20b. OF	ESCRIBE HOW INJURY OCCU	JRRED, (Enter nature o	f Injury In Part I	or Part II of Ite	em 18.)	<u> </u>
153	(IF EITHER, NO	TIFY MEDICAL EXAM	MINER)						
CAL		INJURY Month, Day	y, Year 20d. IN	JURY OCCURRED 206. PLA	CE OF INJURY (Home, fary, street, office bldg., e	arm, 20f. (City	or town)	(County)	(State)
MEDICAL	Hour a.r		9 While at work	NOT While!	ng, sueet, omcosing., c			10-	
-	21. I certif	y that (I) (this ho	pital) attender	d the decogsed from	Cepril, 1	9 / to	una,		at (1) (we) last
		ceased alive on_	June (2 196/, and tha	t death occurred at	2°PM, from ti	ne causes and	on the date	e stated above
	22a. SIGNATU	KE)	200	sta-on				2b. OATE SIG	('7
	22c, PHYSICIA	207nasc	(000	ifolia MI	22d. ADDRESS	DIRECTOR P	HYS.	D . C	-/-
	NAME (T)		Fitzoera	ald. MD	217 Unive	rsity Blv	d., E.,	S. S.,	Md.
238		IATION.I 23b. DATE		23c. NAME OF GEMETER			ON (City, town		(State)
	REMOVAL (Spi	ocify) June 9	. 1967	St. Mary's Cen	eteru	Alexand	ria Di	rainia	
24	. FUNERAL OIRE	CTOR Out	re Bfliens	ADDRESS 134 Georgia Au		C'D BY REGISTRAL	25b. REGIS	TRAR'S SIGN	ATURE
	ohn B. I	Pumphrey.	Inc. 51	Luer Spring.	Md. DATEU	N 1 2 1967	full	res fi	and a

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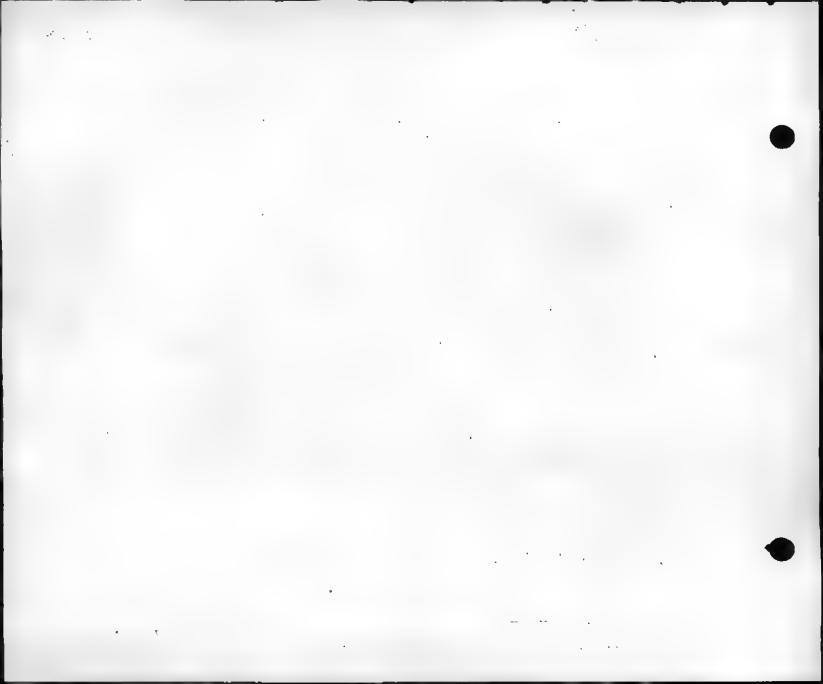
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Page 4 may be retained by the hospital or attending physician.

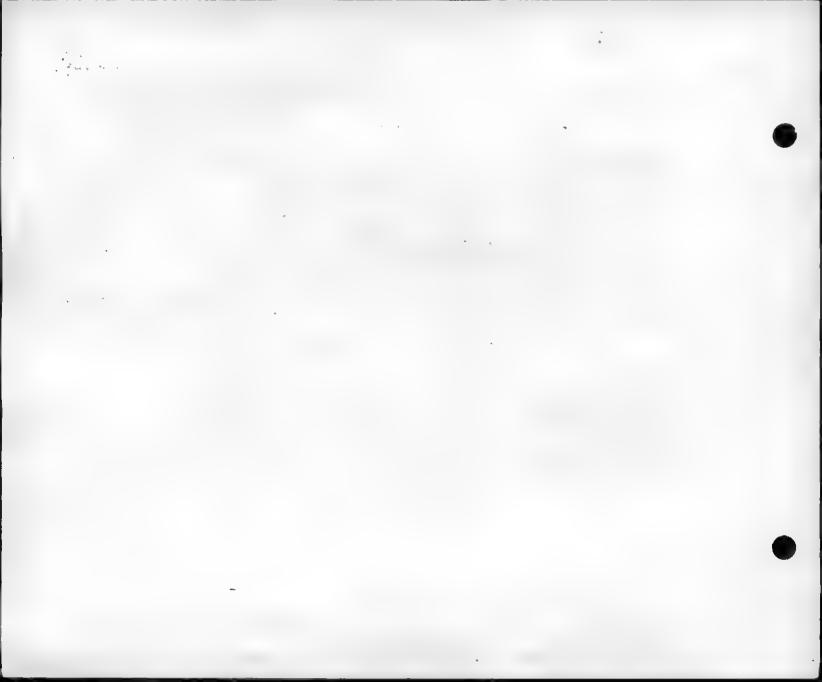
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	
8483	CERTIFICATE OF DEATH	08483

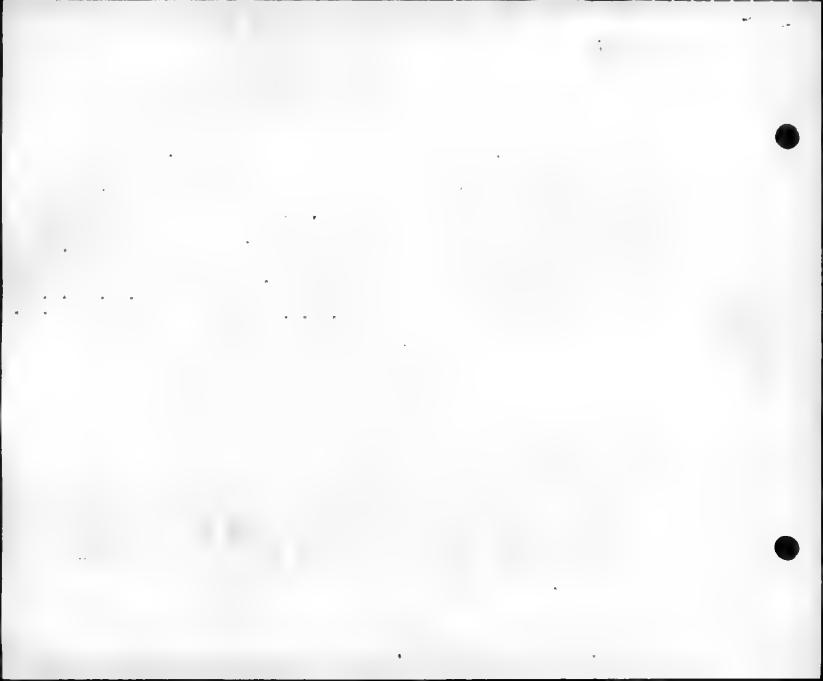
	The state of the s
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY
MONT GONERY MARYLAND	MARY LAND MONTEONERY
b. CITY DR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
SINGE SPRINGS LIFETIME	SILVER SPRINGS. 1.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	1 DESCRIPTION OF THE PROPERTY
11 0 11	1500 ON A FARM?
HOLY CROSS HOSP, TAL	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) KATHERINE C TALL	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
FEMALE WHITE WIDOWED DIVORCED	11-4-88 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	WEST DIRGINIA USA
HOUSE WIFE	14. MOTHER'S MAIDEN NAME
Co	
- REDERICK - MUMCHMEYER	FRANCES, -DIEVENSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Address
NO 579-48-3966 -	DAMICE HERDA SILVER SPRINGS, MD.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Clotic Condenders , Constain
IMMEDIATE CAUSE (a) The Court of the Court o	
Conditions, If any, which \ Conditions are the conditions of the c	se,
gave rise to Immediate (b)	
cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOPSY PERFORMED?
(ralgren of	Ve Leas - cuipulal at YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 2Da. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO DEATH BUT NOT RELA 2Da. ACCIDENT WAS UNDERLYING TO COUNTRIBUTING TO COUNTRIBUTING TO DEATH BUT NOT RELA 2DD. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I/or Part II of Item 18.)
	(
facts	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. p.m. 19 While Not While facto	ry, street, onice drug., etc.) (
	May 2 19 67 to LULO 9, 196/ that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1967, and that	
22a, SIGNATURE 22a, SIGNATURE	t death occurred at 9. PM, from the causes and on the date stated above.
1/4/4/1/1/11	ATTENDING MED. STAFF
22c. PHYSICIAN'S M.O	1. PHYS. (A DIRECTOR PHYS. O//O/6
NAME (Type) WILL Am MARRYS	
Totaling Trineads.	10620 BA. AUE. Silver Spring My
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Gremation 6-14-1967 Cedar Hill	Crematory Suitland Na
24.) FUNERAL DIRECTOR	25a. REC'D BY REGISTRARY 25b. REGISTRAR'S SIGNATURE
Hoseph Hawlers one 5730 WISC 1	TYE JUN 20 1967 Junger
V	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08484 CERTIFICATE OF DEATH 08480 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH Montgomery (OJNTY Montgomery MARYLAND on papers. Pages within 72 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after CTY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.O.A. Rockville Silver Spring e. IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) campletely filled Holy Cross Hospital 5001 Russett Road YES NO 🔀 NAME OF Middle DATE Month Year Doy Furst corbon OF DECEASED Irving Daylor William DEATH (Type or print) SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED P NEVER MARRIED remove last birthdoy) Months Doys Hours June 20. white male DIVORCED WIDOWED and in any puo 106 KIND OF BUSINESS OR Schoo 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work done COUNTRY during most of working life, every fretired)
Comptroller Accountant eose Sidwell New York physician 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME removol, ottending phy permit. Then William Irving Taylor Eleanor Sullivan 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 5001 Russett Road permit. (Yes, no, or unknown) (f yes give wor or dates of service) Posephine ö Maruland buriol, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the prior to l hos been WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use Stote Dept. of Health YES [NO this certificate ō 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) ((ounty) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldq., etc.) Hour o.m. Not While at work FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from , that (I) (we) last director, page 3 should should be filed with the and that death occurred at 9:35th, from causes and on the date stated above saw the deceased olive on 22b. DATE SIGNED 220 SIGNATURE M.D. PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF (County) BURIAL, CREMATION Burial (Specify) Arlington Nat'l Cemetery 1967 Arlington. 2 ADDRESS GEORGIA Avenue 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Silver Spring. Inc. Pumphrey.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH by filled in by the funeral out papers Pages 1 and within 72 hours after deal o. COUNTY o State Mary Land **b** COUNTY Montgomery Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Bethesda years Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? 5515 Johnson Ave. 5515 Johnson Ave. NO DE Middle DATE Month 3. NAME OF Lost OF DECEASED 1967 VIRGINIA B. THAMES Type or print) DEATH 9 IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8 DATE OF BIRTH (In years remove n any ev E 99 last birthday) Months Hours Oct. 5, 1899 White DIVORCED Female 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if ret red)
Housewife INDUSTRY Virgin**û**a S. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME or removol, Mary E. Moir Powhatan Bouldin 15 WAS DECEASED EVER IN ∪ S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 2912dreN.St., N.W. 17. INFORMANT Neice 16. SOCIAL SECURITY NO. Washington, D. Mrs. W.G. Clayton INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) tronset ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by buriol-trons IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse lost. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate ٥ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg , etc.) While ot work ot work 1939 takerio 13 , 1967, that (1) (100) last 21. 1 certify that (1) (this hospital) attended the deceased from Nov 1967, and that death accurred at 42 M. fram causes and an title date stated above. saw the deceased alive an billie 22b DATE SIGNED 22o SIGNATURE ATTENDING STAFF PHYS. 6-13-67 director, poge 3 should be filed v DIRECTOR M.D. 22d. ADDRESS Park Road 5508 22r. PHYSICIAN'S LeRoy Dunn NAME (Type) Chevy Chase, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (Stote) 230 BURIAL, CREMATION, REMOVAL (Specify) Arlington Natl Cem. Arlington, Virginia 6-16-67 Burial **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 PUMPHREY, Bethesda, Maryland DATE

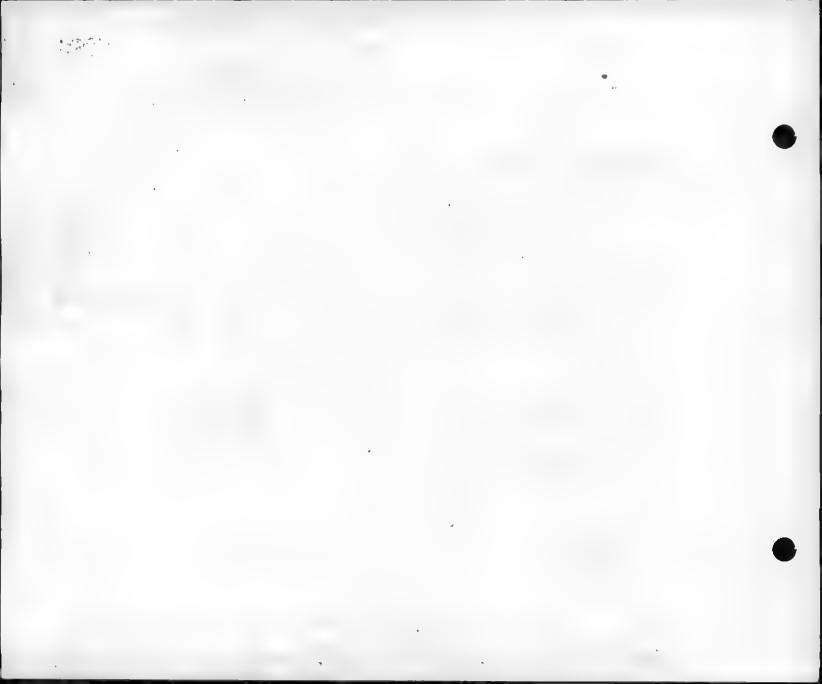


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2a.b.c & d 08493 requires that the death certificate be executed within 24 haurs after death deat 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral en please remove-carban papers. Pages I and PLACE OF CEATH o. COUNTY b. COUNTY Montgomery MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oan papers. Pac within 72 hours Rocky Austin Bethesda IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) d. STREET ADDRESS Brady Iane ON A FARM? Suburban Hospital Pottoniad /Valley /Nutsitud /Home NO DO YES NAME OF OATE Middle Month First Lost Dov Yeer DECEASED 30. R. Thomas 67 event, Howard June 19 **ÖEATH** (Type or print) 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIEO 8 DATE OF BIRTH **NEVER MARRIEO** 7 alost birthdoy) Opvs Hours Male W. July 12,1887 DIVORCED and in agky WIDOWED 12 CITIZEN OF WHAT 10b KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCL PATION (Give kind of work done COUNTRY? during most of working life, even if retired) INOUSTRY Virginia Retired TIS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physiburial-transit permit. Then pl burial, cremation, or remaval, Frances Rice John B. Thomas 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 13900 Glen Mill (Yes, no, or unknown) (If yes give war or dates of service 263-62-0653-T J. L. Thomas- Rockville, Md. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN ONSEL AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if only, which gove rise to immediate couse (a), OUE TO led far use as the b t, af Health priar to b stating the underlying couse has been last. ATTENDING PHYSICIAN: The law WAS AUTOPS) PERFORMEO? PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION AEZ X NO. O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 200 ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF QUATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work ot work 20. 196 2 that (I) (we) lost 21 I certify that (1) (this haspital) attended the deceased from. 196 ond that death occurred at sow the deceased alive on M. from causes and on the date stated above. 22b, DATE SIGNED 22o. SIGNATURE ATTENDING PHYS **OIRECTOR** PHYS M.O 22c. PHYSICIAN S director, po Stephen/N. Jones NAME (Type) 23d. LOCATION (City or Town) 23b. OATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY (County) (Stote) 230 BURIAL CREMATION. REMOVAL (Specify) Cremation Prince George Co., Maryland 7/1/67 Cedar Hill 67 24 FUNERAL DIRECTOR Tyson Whee 2So. REC'D BY REGISTRAR Wheeler Funeral Home-1331 Rockville Pike VR A15 (4) 20 M 1/66 Rockville.Md

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 08494 OF DEATH PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY papers. Pages Pa h.n 72 hours ofter c MARYLAND be executed within 24 haurs aft b CITY OR TOWN (If outside corporate LENGTH OF STAY IN 16 (If outside carparate imits, write RURAL and give nearest town) Swite RURAL and give nearest town) weeks Silver Spring ٥ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) TS RESIDENCE ON A FARM? .⊆ d STREET ADDRESS filled Within. YES NO Z NAME OF Firs! Middle 4 DATE Month vescurbon completely OECEASED OF OEATH (Type or print) OSIN Jun went. S. SEX COLOR OR RACE MARRIED NEVER MARRIED OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours burial, cremation, or removal, and is one WIDOWEO DIVORCED puo 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) physician o during most of working life, even if retired) COUNTRY? INDUSTRY Maryland The law requires that the death certificate on home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Barnes Margaret Conpard IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 1132 Micola Avanie (Yes, na, ar unknawn) (If yes a ve war or dates of service) Silver Spring, Caryland None Thompson INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter any one cause per line to/(a), (b), and (c)) signed by the burial-transit PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO os the prior to l stoting the underlying couse hos been last PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use for use Health CERTIFICATION PERFORMED? 3 NO this certificate 20o ACCIDENT WAS UNDERLYING 205. DESCRISE HOW INJURY OF URRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF CEATH State Dept. of etoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED. 20e PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month, Part Year (City or town) (County) (Stote) Hour a.m. foctory, street, office bidg , etc.) While Not While TO FUNERAL DIRECTOR: After 196 21. I certify that (1) (this hospital) ottended the deceased from plaous director, page 3 should should be filed with the and that death occurred at 3/19 M, from causes and on the date stated above. saw the deceased alive on. 220. SIGNATURE OATE SIGNED 22b. ATTENDING PHYS M.O. **OIRECTOR** PHYS 22d AODRESS 22c. PHYSICIAN'S NAME (Type) IND **BURIAL, CREMATION** 23b. OATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State (County) REMOVAL (Specify) Burial Maryland 2Sa. REC'O 8Y REGISTRA VR A15 (4) 20 M 1/66



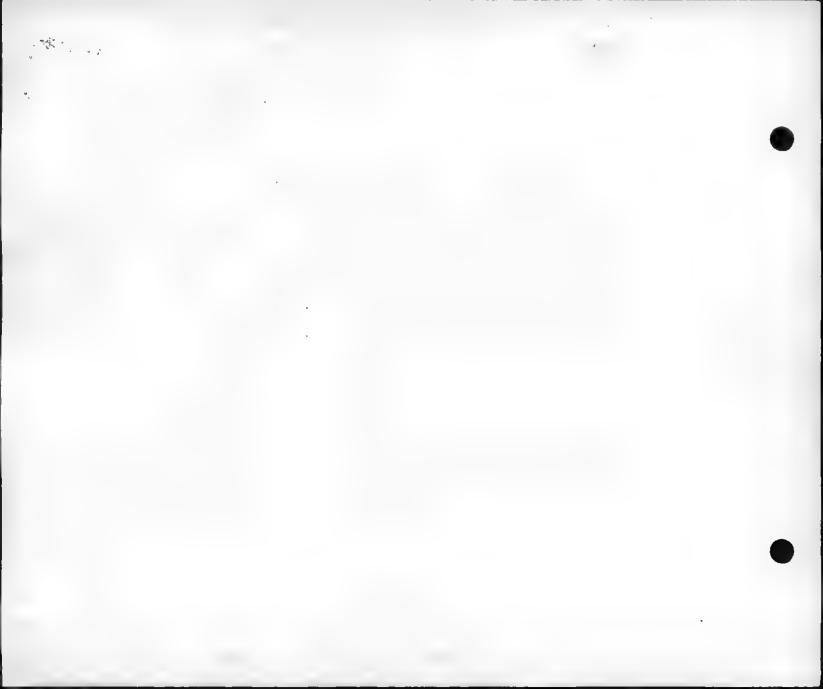
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DRARD

- [00433	CERTIFICATE	OF DEATH	90	200
		PLACE OF DEATH a COUNTY MON-190 ME	LY MARYLAND	2. USUAL RESIDENCE (Where of	leceased lived, if institution Residence	e before odmission) Grundil
	t	b CITY OR TOWN (If autside carbarate limits, write RURAL and give nearest town)	CLENGTH OF STAY IN ID	V	imparate limits, write RURAL and give	negrest tawn),
,	K	d NAME OF HOSPITAL OR INSTITUTION (If not in has	pital, give street address)	d. STREET, ADDRESS	aks Manor	e IS RESIDENCE ON A FARM? YES NO
Í	Î	NAME OF DECEASED (Type of print) ARTHUR First DECEASED (Type of print)	Middle	1 50 0	ATE Manth FEATH LUNE	Day Year 4 1967
		SEX 6. COLOR OR RACE 7 MAR	RRIED NEWER MARRIED 8 DWED DIVORCED 2		9 ARE (n years IF UNDER 1 Manths Yrs	
		USUAL OCCUPATION (Give kind af work dane ing mast af warking life, even if retired)	TOOL KIND OF BUSINESS OR SOLENTIST	ASper Co.		ZEN OF WHAT
	13	FATHER'S NAME		MOTHER'S MAIDEN NAME SALINA	E OLDhar	カ
	15 (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give war ar dates af service		M. arthur To	Pl. Jr. (Same	as #2)
		18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ne for (o), (b), and (c)).	inte Cong j	Vailence	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave (b)	Injection	0		
		stating the underlying cause DUE TO dost (c)	acrops.			
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	1/ 0 /	HE TERMINAL DISEASE CONDITION	GIVEN IN PART I(a)	PERFORMED? YES NO.
	L CERTIFICATION	2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY AFFORCAL EXAMINER)	Ob DESCRIBE HOW INJURY OCCURRED J	Enter Nature of Injury in Port)	Part Maf Item 18)	
	MEDICAL	Hour o m.		E OF INJURY (Home, form, iry, street, office bldg, etc.)	20f (City or town) (Cau	nty) (Stote)
			attended the deceased from	death occurred at 455	to to 196 M, from causes and on th	_ , hat (I) (we) lost e dote stated above.
		220 SIGNATURY) Byolino	/ M D	111(5)	STAFF -	TE SIGNED 4-67
			VFalino, M.)	1429 U	morrity Bloo	dw. Ss, ma
	230	BURIA., CREMATION 236 DATE THEREOF SURL 9.19	230 NAME OF CEMETERY OF C Menroe Cen	retiry F	airview Tursky. &	(Caunty) (State)
	X.C	wither Waltery 2540	Carrell St NW-Wast	250 REC'D BY RED DATE JUN (GISTRAR 25b REGISTRARS SIL	Can Judge

TO FIGIRIAL OR NITERDING FIVICIAN: The law requires that the death certificate Le mancuted within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and capapitetely filled in by 1h director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs of



08496

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ≡ritificate be ex≡cuted within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

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NA	1-			CERTIFICATE	OF DEATH		00200
हिं दे ह	MI	/1. T	PLACE OF DEATH	1 2	. USUAL RESIDENCE (Where of	deceased lived, if institution Resid	ence before admission)
nuerd	76		O. COUNTY		o STATE	b. COUNTY	
	1		Montannery	MARYLAND	Maryland	montgo	nacRy.
ges aff	01			LENGTH OF STAY IN 16	CITY OR TOWN (If autside co	arparate limits, write RURAL and a	ive negrest tawn)
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d in	70	71.	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give	street oddress) d	STREET ADDRESS	,	e IS RESIDENCE On a Farm?
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在學程。	11	3	NAME OF First	Middle	last 4 D	ATE Manth	Day Year
campletely filled in lave (carbone papers. y eveat, with #72 h	M		DECEASED			F /)	
草草	4		(Type or pnnt) Yeare	nee		EATH dune	16 1967
ve	12	5	SEX 6. COLOR OF RACE MARRIED	NEVER MARRIED 🔲 8 0	DATE OF BIRTH		R I YEAR IF UNDER 24 HRS
2 2 2	×		mole White WIDOWED	DIVORCED	8/21/21	last birthdoy) Months	Days Hours Min
전 등 b	W	1Do	IIS AL OCCUPATION / Give kind of work done	OF BUSINESS OR	11. BIRTHPLACE (County & State		CITIZEN OF WHAT
e iii	33	dun	o. US_AL OCCUPATION (Give kind of work done IDb. KIND ring most of working life, even if retired)	of Business of Gout.	11. Bikini Ence (coonly & stole.		COUNTRY?
rsician and cam please remave I, and in any ev			PRINTER KEGGER St	P.0.	Wiscensi		U.S.A.
is gar,	7	13.	FATHER S NAME	14	4 MOTHER'S MAIDEN NAME		
ph avc	4		11/11: 8-1		$O \setminus A$		
ē ļ Ē	13	16	WAS DECEASED EVER IN U.S. ADMED CODOSCO. 14 SOCI	AL SECURITY NO. 17. INFO	DMANT COR!	CC CC	
anding phy nit. Then or remava	2	. (Ye	es, na, or unknown). (If yes a ve war or dates of service).			2 7115 Woods	and Avenue
	0	He.	24 QUUII 067	-01-1899	Pearl E. Down	ECCRES TALANA	Dark Md
	14		18 CAUSE OF DEATH (Enter anly one cause per line for (a),	(b), and (c))	7		INTERVAL BETWEEN
the nat	7		PART I DEATH WAS CAUSED BY:		a dawa		DNSET AND DEATH Hours
an A	Z			<u>ite pulmonary (</u>	edema		Hours
	,		DUE TO			• •	
signed burial- burial,	1-3			vere arteriosc	lerotic heart	disease.	years
	10		rise to immediate cause (a), DUE TO				
de de to			a stating the underlying cause a	n acute corona	est insufficie	netr	
s been as the oriar ta							
rtificate has been of far use as the af Health priar ta	0	2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E	EATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION	GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
e h use	7	FICATION	Diabetes mellitus				YEST NO
certificate ha hed far use it. af Health j	26	FIC		BE HOW INJURY OCCURRED (Ent	er nature of injury in Post La	or Part (Laf Item 1B)	
# 5	8	ER	OR CONTRIBUTING CAUSE OF DEATH				
her tr	12	7	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
this certi detached e Dept. a	1	MEDICAL				20f (City ar tawn) (Caunty) (State)
de	19	¥	Haur'o.m. While of work	Nat While factory,	street, office bldg., etc.)		
Viter the be de State	7		21. I certify that (I) (this hospital) offended		Pel. 1967	10 Rene/6 19	06 Z. that (1) (we) last
d A			Z1. I certify that (i) (this hospital) offended	The deceased from	eath occurred at	2, 10	
CTOR: A should with the 3			saw the deceased alive on	19 Z, and that de	earn occurred arg		
ECTOR: / 3 should with the			22a SIGNATURE	Millione.	ATTENDING MED	STAFF C	DATE S.GNED
\$ 50 A			1 1 LIVEN 11-X	Mollow M.D.	PHYS. DIRECT	OR PHYS (6 /16/67
- Page 1			22c PHYSICIAN'S	60111100	22d ADDRESS	14 - 4	William
A be	- /		NAME (Type) ALBER / /- U-	CULLHAM	1/06 9	11 R (NG 91.	E FALLER WID.
O FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State De		- 22	- DUDIA COMMATION ON DATE VICTORS	A MANUE OF CONCERNA OF CO.	ALL TORY	LOCATION IC. T	71142077
E C	0	230	PEMOVAL (Sperify)	3c NAME OF CEMETERY OR CRE		d. LOCATION (City or Town)	(County) (State)
○ ⊕ 쓴	. (1)		Burial June 20. 1967	Fort Lincoln (emeteru /	Prince Georges	Co. Md.
	M	24	4 FUNERAL DIRECTOR COlon Calo 843	2239004	25g RECD BY RE	GISTRAR 256 REGISTRAR	SIGNATURE
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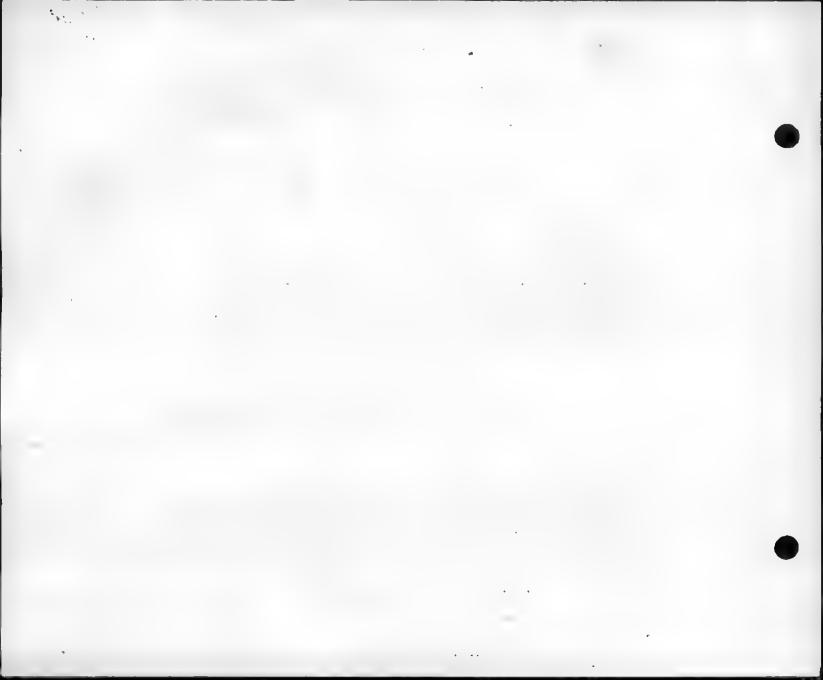


MARYLAND STATE DEPARTMENT OF HEALTH DESCRIPTION DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE PRO

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		PLACE OF DEATH D. COUNTY	Montgon	10 YO 17	MARYLAN	o. STA	TF.	Where deceosed	b COUNT	on Residence before	odmission)
		CITY OR TOWN (f outside corporate limits.	сту	C LENGTH OF STAY IN 16					AL and give nearest	town)
		write RURAL one	l give neorest town) 🔠 🛴		6 hrs 5 mi	11		LeJeune		•	,
			AL OR INSTITUTION (If not in	hospital, g			ADDRESS	DOOCUIIC			IS RESIDENCE
		Nava	L Hospital				MOO	2509		Y	ON A FARM?
		NAME OF	First		Middle	Lo	st	4 DATE	Month	h Doy	Year
		DECEASED Type or poot)	Christop	her	Thomas	TOWN	SEND	OF DEATH	June	27	19 67
	S	SEX	6 COLOR OR RACE 7.	MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. A	GE (In years est birthday)	Months Dovs	IF UNDER 24 HRS Hours Min.
	1	Male	Cauc	MIDOWED	DIVORCED [] Lo Ma:	rch 196) "	yrs.	3	HOUIS PRINT.
	10o	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY	1	, ,	& State, or foreig		12. CITIZEN OF COUNTRY?	
	_	ng mast of working	,		N/A			eune, N.	C.		USA
	13.	FATHER S NAME					IER'S MAIDEN				
	-		A. Townsend	1 11	COCIAL SECURITY NO.	A1	nne Tat	ubitz	Addres		
	(Ye	s_np, or unknown)	R IN U.S. ARMED FORCES? (If yes give you or dates of se	vice) 10 :	SOCIAL SECURITY NO.					18	.C.
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		PART I. DEAT	which nous 2		my mits	1 Near	Dis.	sase C	jande	ONSI	ET AND DEATH
		rise to immediat stating the unde last.	e couse (o), rlying cause (c)								
/	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING 1	TO DEATH BUT NOT RELATED	TO THE TERMIN	AL DISEASE CO	NDITION GIVEN 1	N PART 1(o)	[F	WAS AUTOPSY PERFORMED?
	L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCUR	RED (Enter notu	re of injury in	Port I or Port II	of item 1B.)		
	MEDICAL	Hour o.r	n. 19	While of worl	Not While	factory, street,	office bldg., etc.)	ity or town)	(County)	(Stote)
		saw the d	fy that (ਮੈਂ) (this hospit eceosed alive੍ਰon Jur	al) otten e 27	ded the deceosed fro 19 <u>67</u> , and	m June : that death (26 occurred of	19 <u>67</u> , ta <u> </u>	June 2' rom couses	and on the date	stoted above
		220. SIGNATURE	Comp	Cu	CC012/U	M.D. PHYS	DING SEL	MED DIRECTOR	STAFF PHYS.	June 2'	
		22c. PHYSICIAN'S	LCDR ALE.	TOMPI	KINS, LCDR M		ADDRESS Val Hos	pital,	Bethese	da, Md.	
7		NAME (Type	2021								
9	230	BURIA., (REMATIN	ON, 235 DATE THERE	67	23c NAME OF CEMETER Arlington N			23d. ŁOCAT Arli		wn) (County) Virginia GISTRARIS SIGNATURI	(Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



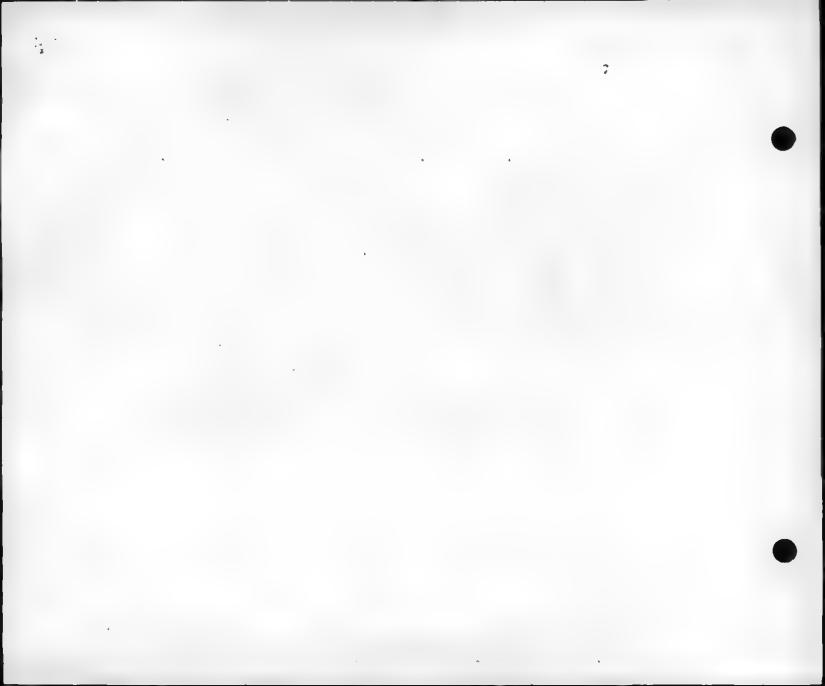
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fundrated director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evept, within 72 hours offer death

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF	VITAL RECORDS, 301 W. PRESTO	ON STREET, BALTIMO	RE, MARYLAND 21201	
	08498		CERTIFICATE	OF DEATH		08492
1	PLACE OF DEATH				Where deceosed lived, finstitution	
	o. COUNTY	ntgomerv	MARYLANO	o. STATE Mcl.	D. COUNT	Montgomery
	b. CITY OR TOWN (f outside carporate fimits,	c LENGTH OF STAY IN 16	C CITY OR TOWN (If ou	tside carparate limits, write RURA	
		l give neorest town) a Park	25 days	Takoma l	Park	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	hospitol, give street oddress)	d STREET ADDRESS		e 15 RESIDENCE ON A FARM?
	Washin	gton San. a	and Hsp.	7802 Wi	ldwood Dr.	YES NO E
	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year
L	(Type or print)	Otis	Carroll	Trimble	OF DEATH	5 19 67
S.	SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8 DATE OF BIRTH		# UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Man
	Male	AATT FI	VIDOWED DIVORCED	11-17-96	70 yrs	Motitus Doys (1902) (Mail
10e	USUAL OCCUPATION	(Give kind of work done	10b. KINO OF BUSINESS OR	11 BIRTHPLACE (County)	& State, or foreign country)	12 CITIZEN OF WHAT
	Kchange	officer'	State Dept.	Arkans		COUNTRY? U.S.A.
13	FATHER'S NAME			14. MOTHER'S MAIDEN F	NAME	
Ľ	MACKEDS!	Trimble		Annie Mo	Farland	
15		R IN U.S. ARMED FORCES? (If yes give war or dates of ser	vice) 16. SOCIAL SECURITY NO 32	informant a Jumble	7802 Address	Idwood Drive
Ĺ	Yes	WW1	578-32-00901	Hospital I	Records Jakoma	Park Maruland
	18. CAUSE OF DE	ATH (Enter only one couse portion one)	er line for (o), (b), and (c))	(1)	1 - 1	INTERVAL BETWEEN ONSET AND OF ATH
		IMMEDIATE CAUSE (o)	will low	many or	cension	monediale
	4201	DUE TO	antinian la	7: 111	+ Di 10	-> 1/1- 10
	Conditions, if any, ase to immediat	a couse (a)	aneusseen	me year	1 occasions	3-7 maz
	stating the under	1 4				
) (c)	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL B CLASE CO.	IDITION CIUCH IN DART 1/-)	19 WAS AUTOPSY
Ŷ	PARI II OINER SI	GMIRICANT CONDITIONS CONTI	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CON	IDITION GIVEN IN PAK! 1(0)	PERFORMED?
FICAT	200 ACCIDENT WAS	CHINGERI VINIC [7]	20b. DESCRIBE HOW INJURY OCCURRED	(Catar acture of cause on)	Dort on Dort Hafrison 10)	YES MO
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200, DESCRIBE HOW INDOKT OCCORRED	fetuer unique or tulnik itt i	rest of rest it of trem to)	
3		MEDICAL EXAMINER) JRY Month, Doy, Year	20d INJURY OCCURRED 20e, PLA	CE OF NJURY (Home, form	, 20f (City or town)	(County) (State)
MED	Hour 'o.r	n.	While Not While for	tory, street, office bldg., etc.)		(6031) (31018)
	P.f	114	of work U of work U	2.05.0003	967, 10 June 5	= 10 / O de (0) / 1 / Le
	1	r y mat (!) (mis-nospira eceased alive an	Hattended the deceased fram (theath accurred at	135 DM Cham courses ou	二, 19 <i>60</i> , that (I) (we) last nd an the date stated abave.
	220. SIGNATURE	7	777, dill 1110	ngovani vecorica ag		22b DATE SIGNED
	(X-	11 mill 1	3. aught M.	D. PHYS.	MED. STAFF DIRECTOR PHYS.	June 5, 1967
	22c PHYSICIAN'S	10	5 h / A A A	22d ADDRESS	'	21/2
	NAME (Type)	Kussell.	B. Arnold M.D.	1106 SP	ring Street, S	illversgring, ma
23			F 23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town	(County) (State)
5	REMOVAL (Specify	ial Tyne 9.	1967 Glenwood Cen		Green Forest	
0	4. FUNERAL PIRECTO	ertar Ven Can	12, 8434 Georgia A		BY REGISTRAR 2Sb PEG	STRAR'S SIGNATURE
U	barner E.	Pumphrey. In	ic. Silver Spring.	Md. DATUN	12 1967	



MARYLAND STATE DEPARTMENT OF HEALTH

08493

	Division of STATISTICA	. RESEARCH AND	RECORDS, 301	W. P	RESTON STREET	, BALTIMORE,	MARYLAND	21201
8493	3	(ERTIFICATE					{
				0. 11611	AL DECIDENCE ALA		f Chut D-	

death		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission)
or de la	(o. COUNTY Montgomery MARYLAND	o. STATE Maryland b. COUNTY
the f ages s offe	- 1	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
by t Pa		write RURAL and give nearest town) Kensington	Rockville.
in 1 2 2 2 2 2 3 3	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RES DENCE ON A FARM?
filled in by the fur papers. Pages 1 thin 72 hours ofter		Kensington Nursing Home	1214 Gladstone Drive YES NO]
_ =		NAME OF First Middle DECEASED / LL A 7	Last 4 DATE Month Day Year
carbon ent, wit	- 1	(Type or print) Lucited A. Inunnell	DEATH June 7, 1967 19
E & SI		SEX male 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 9 AGE (n years FUNDER'1 YEAR IF UNDER 24 HRS Sept. 29, 1887 7 lest birthdoy) Months Doys Hours Min
rem	100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT
rsicion of please	dun	ng most of working life, even if retired INDUSTRY	Washington, D.C. COUNTRY? USA
ysic ple p.	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
attending physicion sermit. Then please on, or removol, and i		John A. Trunnell	Roberta Alexander
ding ren	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. s, no, or unknown) lift yes give wor or dates of service)	NFORMANT Address
tten rmit n, or		es WW 1 577-16-4972 Ag	nes C. Trunnell-Item # 2
signed by the attending physicion and a burial-transit permit. Then please rema burial, cremation, or removal, and in any		B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY	INTERVAL BETWEEN ONST AND DEATH
by the crematio		IMMEDIATE CAUSE (a)	seeler accelent PHZ AND DEATH
9-tr 19-tr 1		Conditions, if ony, which gove }	GATTA MARCHANIA ZUERRA
signed burial-ti buriol, c		rise to immediate couse (a),	- cours courses
		stoting the underlying couse (c)	
hos b se os th pric	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
olth olth	CATIO	Carcenama rastale.	YES NO NO
certificate has been thed for use as the ot. of Health prior to	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Port I or Port II of stem 1B.)
this certi detoched te Dept. o		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d Injury Occurred 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
this Jetoc e Dep	MEDICAL	Hour o.m. While Not White for	ory, street, office bldg., etc.)
Affer I be c		pm. 19 otwork otwork 19 otwork 19	May 12 1965 to Quene 7 196/that (1) (ma) last
the the		saw the deceased alive on Serve 6 1967, and the	t deen occurred at 3 304M from couses and on the date stated above.
shour with th		220 SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
DIRE 3e 3 6d v		G. To sine of registrates M	D. PHYS. DIRECTOR PHYS. 16/1/6/
		NAME (Type) J. Blaine Fitzgerald	8218 Wis. Ave., Bethesda, Md.
2 -9		V Taking I head of all	ollo wilds invostitutional indi
UNERA ector, p ould be	230	BURIA., CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d, LOCAT ON (City or Town) (County) (State)
O FUNERAL DIRECTOR: After this cell director, page 3 should be detoched should be filed with the State Dept.	23o B		
TO FUNERA director, is should be	B	BURIA, (REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d. LOCAT ON (City or Town) (County) (Stote) ROCKVILLE, A.d. 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE.

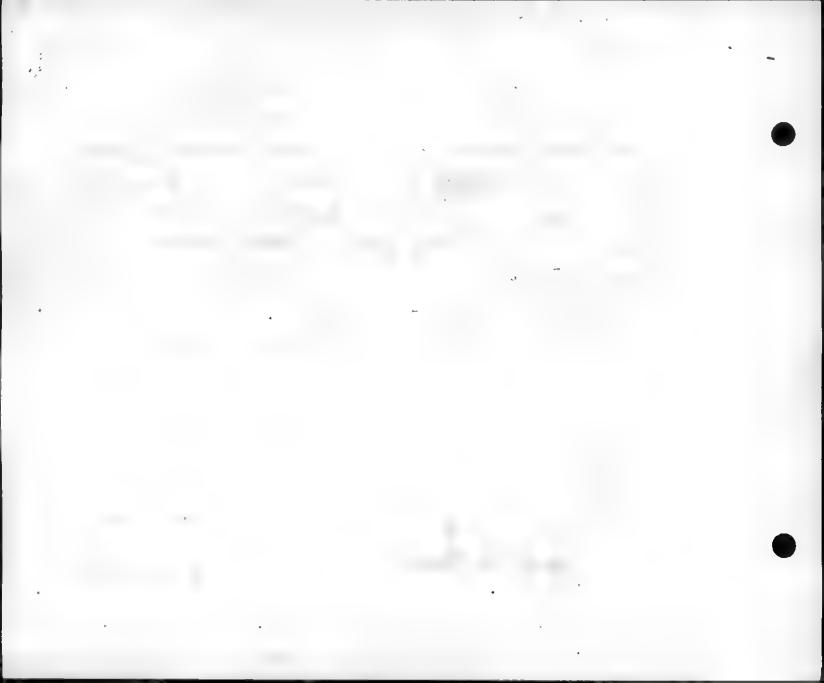
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aftim Page 4 may be retained by the haspital or attending physician

FOR STATE HEALTH DERT. the funeral director. Finge I should be farwarded to the Chief Midical Examiner's Office follows with form PM3. Page Districtor for your fles. with the Stote Deportm Hea th prior to burial, cremotian, or removal, and in any event within 72 hours Efter death. 5 may be retained for your fles. TO DEPUTY MEDICAL EXAMINER:

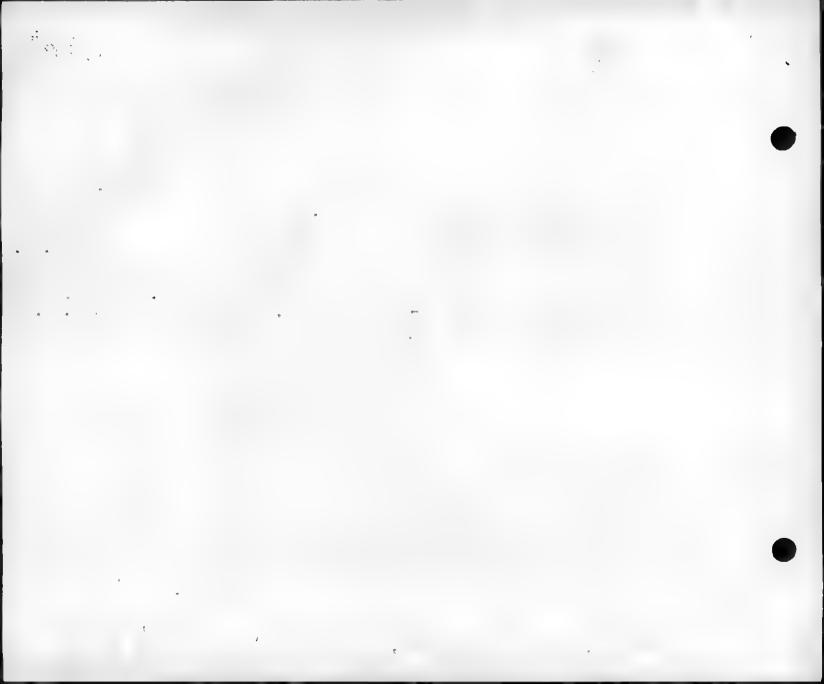
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		08500		MED	ICAL EXAMIN	IER'S	CERTIFICATE C	F DEATH		0	8494		
		PLACE OF DEATH					2 USUAL RESIDENCE (Where deceosed			efore odmission)		
		COUNTY M	ontgome	54		/LAND		14/20		MOR	ntgonnery		
	I		f outside corporate limit i giye ne <u>ar</u> est tawn)	\$,	c. LENGTH OF STAY I	N 1b	C C TY OR TOWN , IF o.						
]		Mi	11 Greek					reak	.Towne	Derw			
	(Vine 1/2		g ve street oddress)		d STREET ADDRESS	Vine	43501	Street	e IS RES DENCE ON A FARM? YES NO IX		
ŀ	3 I	NAME OF	E	ıst	Midd e		Lost 4 DATE Month Doy						
- 1	(DECEASED (Type or print)	R	udol7	21 5		TURCO	OF DEATH	June		3 19 4 7		
- 1	5 3	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIES		DATE OF BIRTH	9 /	GE (In years	IF UNDER 1 YE			
- 1		M-	W-	WIÐOWED	DIVORCES		AU9 17, 191	10	ost bathdoy)	Months Do	ys Hours Min		
- 1			(G ve kind of work done		IND OF BUSINESS OR		11 BIRTHPLACE (State			12 CT ZER	N OF WHAT		
	S	ng most of working	Chief -G	PO "	Printing (GOU.	Was	hingto	DC	COUNT	1-5 A		
	13	FATHER S NAME	~				14 MOTHER'S MAIDEN	NAME					
		Louis	- TUREO				Camilla DePaola						
	15 /Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	l6	SOCIAL SECURITY NO	17 1	INFORMANT Wife Address Same as Item 2.						
	1.6	Yes	(If yes give wor or dotes o	\$77	7 - 40-0965	Be	essie F. J	Turco	Same	as It	:em 2.		
ı			ATH (Enter only one cou								INTERVAL BETWEEN ONSET AND DEATH		
PART 1 DEATH WAS CAUSED BY INMEDIATE (AJSE (o) Lyocardialinfarction, coronary thr ALSO DUE TO CORONARY arteriosclerosis.											13 Ru		
	-		DUE	TO	coronary a	arter	ioscLerosis	3 a			Years.		
Į	1	nse to immediate cause (a).											
	Ì	stating the under		10									
ı	ļ	lost	,	(c)									
И	S	PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	ND TON GIVEN	N PART (o)		19 WAS AUTOPSY PERFORMED?		
1	3	20 PATERLE CA	FF 11/46	L and the					-		YES 🔀 NO 🗌		
	CERT F CATION	200 EXTERNAL CA PRIMARY ☐ or COI		20b DE	ESCRIBE MOW NULRY OF	(CURRED (Enter noture of injury in	Port I or Part II	of tem 1B '				
		CAUSE OF DEATH	RY Month, Doy, Year	204	NJURY OCC. RRED	20 - DLAC	E OF INJURY (Home, farr	706	City or lowns	'County	I (Stote)		
	MEDICAL	Hour on	٦.	While of war	Not While		ory, street, office bldg., etc		C 19 3. TOWNS	County	(3,0,6)		
-	Ì	21 certify	y that I taak charg	e of the rer	mains described at	oave, he	ld an Autapsy 💢 .	Inspection	Inqui	гу 🗶 ,	ond in my opinio		
		death result		al causes 🕽			de 📗 Hamicide		etermined mo	inner			
		ACTUAL	_ 0		2		CHIEF MEDICAL	EXAMINER [
- [SIGNATURE	John	1. 1	tall		_ M D — ASSISTANT MED	DICAL EXAM NER		url	22. DATE SIGNED		
		EXAM+NER'S NAME (Type)	JOHN (G. BAI	LL		DEPUTY MEDIC Address (Stree	AL EXAMINER I	county) Be	thesda	a, Md.		
	230	BUR AL CREMATIC		EREOF	23r NAME OF CEME	ETERY OR (REMATORY	73d 10(A	TON juity or Tew	r' (Co	unty) (Stote)		
	В	REMOVAL (Specify)	6-17-	67		Hea	aven Cem.		and the same of th	ing, N	lary land		
		, FUNERAL DIRECTO ROBERT A	. PUMPHR	EY, Be	ethesda,	Mary	land JUN	d by registrar 1 6 196		will be stopped	I I I I I I I I I I I I I I I I I I I		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08501 CERTIFICATE OF DEATH hours after death USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o COUNTMONTgomery b COUNTY Montgomery o. STATE Maryland MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b 5 Weeks Kensington Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS within 72 ON A FARM? 9704 Bexhill Drive Resmor Sanitarium NO (3) NAME OF 4. DATE DECEASED Frank **ALEXANDER** ROSSUM June 11. 67 (Type or print) DEATH 6. COLOR OR RACE 9. AGE (In years 7 MARRIED 9 dast birthday) Davs Male White WIDOWED and in any 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT COUNTRY? Belgium S. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown The law requires that the death cert 605-Waddes 13th St. Wife IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUP TY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service NYC. N. Y. 082-0543664 Jessie R. Van Rossum INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a) (b), o d (c) PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO. ATTENDING PHYSICIAN: (Enter nature of injury in Part 1 or Part 11 of item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20¢ PLACE OF NJURY (Hame, form (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour 'a.m. factory, street, affice bldg., etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at 1140M, from causes and an the date stated above. saw the deceased give an 22b DATE SIGNED 22o. SIGNATURE ATTENDING 6-12-67 directar, page 3 should be filed v Rockville, CHARLES SAVERESE Rockville, Maryland 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23g BURIAL CREMATION. 23b DATE THEREOF Cremation Suitland, Maryland 6-15-67 Cedar Hill Crematory PUMPHREY, Bethesda, 2Sa RECD BY REGISTRAR FUNERAL DIRECTOR Maryland VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH



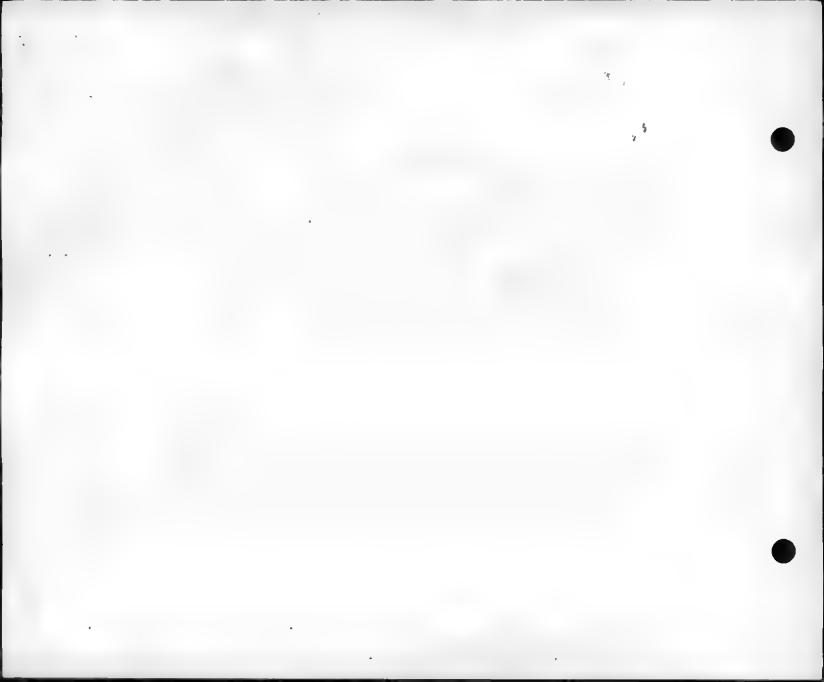
			98503			CERTII	FICATE	OF DEATH		D &	3497
TE			PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased lived, if institu		before admission)
TE PER				Montgomery			YLAND	Mary		Prince	George
the age		'	o. CITY OR TOWN (1 write RURAL onc	f outside corporate limits give nearest town)	,	c LENGTH OF STAY		·	itside corporate limits, write RU	IRAL and give n	reorest town)
by P		<u> </u>	Bethes	da (Rurai) AL OR INSTITUTION (If no		4 hrs	38 mi		land	1-	e IS RESIDENCE
nd in	26				r in nospirai,	give street address)		d STREET ADDRESS			ON A FARM?
a de la companya de l	7		Naval NAME OF	Hospital Fi	×t	Middle		1 3926 Sul	tland Road 4. DATE Mor	nth	Dov Year
1			DECEASED Type or print)		Boy "I		U	JAddolL-	of June	2	19 67
e de la se		S.		6 COLOR OR RACE	7 MARRIED		D 🔼 8	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 Y	YEAR THUNDER 24 HRS
d ca			Male	Cauc	WIDOWED		D 🔲	June 1, 19	O f Yrs	Months D	Days Hours 38
physician. Signed by the attending physician and catalotery filled in by the burial-transit permit. Then please remave tarbon papers. Pages burial, trematian, ar remaval, and in any event, within 72 haurs after the process.		10a don	USUAL OCCUPATION ng most of working	(Give kind of work done life, even if retired)	10b. K	IND OF BUSINESS OR NDUSTRY			& Stote, or foreign country) da. Maryland	12 CITIZ COUN	TEN OF WHAT WIRY? USA
ysici ple		13.	FATHER S NAME				Т	14. MOTHER'S MAIDEN I			
hen hen			Roger L.	Waddell				Cheryl	Crider		
ding t. T		25	WAS DECEASED EVE	RINUS ARMED FORCES?	f service) 16.	SOCIAL SECURITY NO			d, Suitland Add		ld.
uthen ermi				(If yes give wor or dotes o		N/A	CP	L Roger L.	Waddell, USMC	, 3926	
the call particular			18. CAUSE OF DE PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY.	The second		700	Ad- 3		- 1	INTERVAL BETWEEN ONSET AND DEATH
an. by i rans			160	IMMEDIATE CAUSE	1-7	ematurity,	[00]	grams; Atel	ectasis (lung	5)	
physician. signed by burial-fra			Conditions, if ony,	subjets moun. 3	(b)						
			rise to immediat stating the under	E COUSE (O), (. ,						
ding been the ar to			last.	}	(c)				*		
aspital ar attending certificate has been hed for use as the	1	ATION	PART II, OTHER SI	GNIFICANT CONDITIONS O	ONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED? YES X NO
haspital of the spt. of the spt. of the spt.		CERTIFICATION		CAUSE OF DEATH	20b. D	ESCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in I	Port I or Port II of item 18.)		
				MEDICAL EXAMINER) RY Month, Day, Year	20d	INJURY OCCURRED	20e PLAC	E OF INJURY (Home, form	i, 20f (City or town)	(Count	ty) (Stote)
After this ce be detache State Dept.		MEDICAL	Hour o.n	1.	While of wor	e Not While		ry, street, office bldg., etc.)			,, (,
Stell			21. I certif	v that (1) (this has	pital) atten	ided the deceased	fram	June 1	967 to June	2 19 6	that ((we) la
Seld the			saw the de	ceased olive an J	une 2	19 67,	and that	death accurred at	1215M, fram causes	and on the	date stated abov
with short			220 SIGNATURE	2 113	1 . 0	,	,	ATTENDING	MED. STAFF	22b DATE	-
DIR DE 3 Ged 3			22c. PHYSICIAN'S	panous o	· Sa	vanger	M.D	PHYS	DIRECTOR L. PHYS. L	x 7 Ju	ine 1967
may be retained RAL DIRECTOR: A page 3 shauld be filed with the	1		NAME (Type)	Ronald I	. Swai	nger, M. D	•		ospital, Beth	esda, M	id.
Ed and Bar		230	BURIAL, CREMATIC	N, 23b DATE THE	REOF	T 23c NAME OF CEA	AETERY OR C	REMATORY .	23d LOCATION (City or To	own) (C	ounty) (Stote)
Page 4 may be retained To FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the			REMOVAL (Specify Transfe:	O Town	e 1967	Naval Me	dical	School	NNMC, Beth		1, 1
•		24	FUNERAL DIRECTO		r	ADDRESS				REPORTERAR'S SIC	Al Latin
VR A15 (4) 25M 1/67								DATE	N 1 2 1967 8	The state of	VA 10.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

504		CERTIFICATE	OF DEATH			08498		
						e before odmission)		
MONTGOMERY		MARYLAND						
R TOWN (if outside corporate	limits,	c. LENGTH OF STAY IN 16			URAL ond g ve	nearest town)		
ROCKVILLE	1)		CABI	N JOHNS MD	1	5		
OF HOSPITAL OR INSTITUTION	(If not in h	ospitol, give street oddress)	d. STREET ADDRESS	11-001-11-09-11-0-		e IS RESIDENCE ON A FARM?		
POTOMAC VAL	LEY N	JURSING HOME	8120 SEVEN	LLOCKS PD		YES NO		
	First	Middle	Lost	4. DATE Mo	nth	X		
	Δ\/Δ		WADE		VIE.	24 19 67		
		ARRIED NEVER MARRIED		9 AGE (In years	IF JNDER 1			
I NECDO	WI	DOWED DIVORCED	APR. 10, 19	00 67 yrs	Months	Doys Hours Min.		
CCUPATION (Give kind of work)		106 KIND OF BUSINESS OR				IZEN OF WHAT		
t working life, even if retired) T I ARORED			SOUTH CAP	OL TNA	COU	INTRY?		
		CNORNE				U+3+H+		
JOHN HENRY	WARE		ESTELLA	TACKCON				
FASED EVER IN U.S. ARMED FOR	RCES?	16. SOCIAL SECURITY NO 17	INFORMANT	Add	ress			
nknown) (If yes give wor or d	iotes of servi	(0)						
ISE OF DEATH (Enter only on	ne couse per	line for (a' (h) and (c))	/			INTERVAL BETWEEN		
RT I. DEATH WAS CAUSED BY			Carrono (c			ONSET AND DEATH		
IMMEDIATE C	1 /		***************************************		-	<i>p</i> 1, <i>r</i> , <i>c</i> = .		
ns, if any, which gave		(Historic &	14 11111162	1. Julake	Scure	10485		
	DUE TO	2 1/ 1	2	1-1.11	70001			
the underlying touse	(c)	(Ly Hound 16	Jicrel	ches		acres +		
OTHER SIGNIFICANT CONDITION	* * * * * * * * * * * * * * * * * * * *	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION CIVEN IN DAPT 1(a)	1	19 WAS AUTOPSY		
			THE TERMINAL DISEASE COM	DITION GIVEN IN PART I(G)		PERFORMED?		
IDENT WAS UNDERLYING						PERFORMED? PES NO		
IDENT WAS UNDERLYING TO RIBUTING TO CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED				PERFORMED?		
RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)) [20b. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in F	Part I or Port 11 of item 18)	(Coul	PERFORMED? YES NO		
RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) AE OF INJURY Month, Doy, Ye Hour o.m.	eor loo	20b. DESCRIBE HOW INJURY OCCURRED 20d INJURY OCCURRED 20d INJURY OCCURRED 20e PLA While Not While		Part I or Port tI of Item 18)	(Coul	PERFORMED? YES NO		
RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) AE OF INJURY Month, Doy, Ye Hour o.m. p.m.) eor 19	20b. DESCRIBE HOW INJURY OCCURRED 20d INJURY OCCURRED 20e PLA While Not While fact of work of work	(Enter noture of injury in F CE OF INJURY (Home, form ory, street, office bldg , etc.)	and I or Port tI of item 18)		PERFORMED? YES NO		
RIBUTING CICAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) AE OF INJURY Month, Doy, Ye Hour o.m. p.m. I certify that (I) (this.	eor 19 haspital)	20b. DESCRIBE HOW INJURY OCCURRED 20d INJURY OCCURRED While Not While of work of work attended the deceased fram	(Enter noture of injury in F CE OF INJURY (Home, form lory, street, office bldg, etc.)	20f (City or town)	167.19	PERFORMED? YES NO (Stote)		
RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) AE OF INJURY Month, Doy, Ye Hour o.m. p.m. I certify that (I) (this v the deceased alive a	eor 19 haspital)	20b. DESCRIBE HOW INJURY OCCURRED 20d INJURY OCCURRED While Not While of work of work attended the deceased fram	(Enter noture of injury in F CE OF INJURY (Home, form lory, street, office bldg, etc.)	and I or Port tI of item 18)	67, 19_ and an th	PERFORMED? YES NO (State) _, that (I) (we) lare date stated abave		
RIBUTING CICAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) AE OF INJURY Month, Doy, Ye Hour o.m. p.m. I certify that (I) (this.	eor 19 haspital)	206. DESCRIBE HOW INJURY OCCURRED 206 INJURY OCCURRED While of work of work of work attended the deceased fram 1816 19 , and tha	(Enter noture of injury in F CE OF INJURY (Home, form ory, street, office bldg, etc.)	20f (Cry or town) 20f (Cry or town) 20f (Try or town) 30f (Try or town) STAFF	67, 19_ and an th	PERFORMED? YES NO (Stote)		
RIBUTING CICAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) AE OF INJURY Month, Doy, Ye Hour o.m. p.m. I certify that (I) (this. v the deceased alive a GNATURE ATSICIAN'S	eor 19 haspital)	20b. DESCRIBE HOW INJURY OCCURRED 20d INJURY OCCURRED While Not While of work at work attended the deceased fram 19, and that the state of the stat	(Enter noture of injury in F CE OF INJURY (Home, form lory, street, office bldg, etc.) 1 death accurred at D ATTENDING PHYS 1, 22d. ADDRESS	20f (City or town) 20f (City or town) 2 COMMED. STAFF PHYS.	67, 19_ and an th	PERFORMED? YES NO (State) _, that (I) (we) lare date stated abave		
RIBUTING CICAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) HOUR OF INJURY Month, Doy, Ye Hour o.m. p.m. I certify that (I) (this v the deceased alive a GNATURE VISICIAN'S	eor 19 haspital)	206. DESCRIBE HOW INJURY OCCURRED 206 INJURY OCCURRED While of work of work of work attended the deceased fram 1816 19 , and tha	(Enter noture of injury in F CE OF INJURY (Home, form lory, street, office bldg, etc.) 1 death accurred at D ATTENDING PHYS 1, 22d. ADDRESS	20f (Cry or town) 20f (Cry or town) 20f (Try or town) 30f (Try or town) STAFF	67, 19_ and an th	PERFORMED? YES NO (State) _, that (I) (we) lare date stated abave		
RIBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) AE OF INJURY Month, Doy, Ye Hour o.m. p.m. I certify that (I) (this v the deceased alive a GNATURE AYSICIAN'S AME (Type) 5 4//3 CREMATION. 1 23b DA1	lear 19 hasp[fa])	20b. DESCRIBE HOW INJURY OCCURRED 20d INJURY OCCURRED While Not While of work at work attended the deceased fram 19, and that the state of the stat	(Enter noture of injury in F CE OF INJURY (Home, form lory, street, office bldg, etc.) t death accurred at ATTENDING PHYS	20f (City or town) 20f (City or town) 2 COMMED. STAFF PHYS.	22b. DA	PERFORMED? YES NO (State) _, that (I) (we) lare date stated abave		
RIBUTING CICAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) AE OF INJURY Month, Doy, Ye Hour o.m. p.m. I certify that (I) (this. v the deceased alive a GNATURE ATSICIAN'S AME (Type) 5 4//3 (REMATION, 23b DAT	haspital) in 62 Color 1 TE THEREOF	20b. DESCRIBE HOW INJURY OCCURRED 20d INJURY OCCURRED While Not While of work	(Enter noture of injury in F CE OF INJURY (Home, form lory, street, office bldg, etc.) It death accurred at ATTENDING PHYS 22d. ADDRESS	204 (City or town) 204 (City or town) 205 (City or town) 206 (City or town) STAFF DIRECTOR PHYS. [EARLY C. Sc 23d LOCATION (City or I	22b. DA 22b. DA (C) (C) (C) (Own)	PERFORMED? YES NO (Stote) _, that (I) (we) lase date stated abave TE SIGNED (COUNTY) (Stote)		
RIBUTING CICAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) AE OF INJURY Month, Doy, Ye Hour o.m. p.m. I certify that (I) (this. v the deceased alive a GNATURE ATSICIAN'S AME (Type) 5 4//3 (REMATION, 23b DAT	haspital)	20b. DESCRIBE HOW INJURY OCCURRED 20d INJURY OCCURRED While Not While of work	(Enter noture of injury in F CE OF INJURY (Home, form lory, street, office bldg, etc.) 1 death accurred at ATTENDING PHYS CREMATORY S CEM.	204 (City or town) 204 (City or town) 205 (City or town) 21601 M, fram causes MED. STAFF DIRECTOR PHYS. [23d LOCATION (City or T	22b. DA 22b. DA (C) (C) (C) (Own)	PERFORMED? YES NO (Stote) _, that (I) (we) lase date stated abave TE SIGNED (County) (Stote)		
Y FE O FEE MOCKES THE THE	R TOWN (if outside corporate RURAL and give nearest town ROCKVILLE OF HOSPITAL OR INSTITUTION POTOMAC VAL FOR THE STATE OF HOSPITAL OR INSTITUTION POTOMAC VAL FOR THE STATE OF THE STATE	MONTGOMERY R TOWN (If outside corporate limits, RURAL and give nearest town) ROCKVILLE OF HOSPITAL OR INSTITUTION (If not in he POTOMAC VALLEY NEAR AND STATE OF THE STATE OF	MONTGOMERY R TOWN (if outside corporate limits, RURAL and give nearest town) ROCKVILLE OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) POTOMAC VALLEY NURSING HOME First Middle Phospital OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOWER NOW	MONTGOMERY R TOWN (if outside corporate limits, RURAL and give negrest town) ROCKVILLE OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) POTOMAC VALLEY NURSING HOME First Middle Lost MARYLAND R 120 SEVEN B 120 SEVEN	MONTGOMERY R TOWN (If outside corporate limits, RURAL and give nearest town) ROCKVILLE OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) POTOMAC VALLEY NURSING HOME First Middle Lost A. DATE MORE OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) POTOMAC VALLEY NURSING HOME First Middle Lost A. DATE Mo DEATH OEATH	MONTGOMERY R TOWN (If outside corporate limits, RURAL and give nearest town) ROCKVILLE OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) POTOMAC VALLEY NURSING HOME First ANAME OF OF OF OF OF OF OF OF OF O		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the typeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove-carban papers. Pages T-And 2 shauld be filed with the State Dept of Health prior to burial, cremation, ar remaval, and in apy event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death? Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08499 CERTIFICATE OF DEATH deoth. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH p STATE o. COUNTY **b.** COUNTY Montgomery Indians MARYLAND hours after executed within 24 Thours after b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Bethesda (rural Valparaiso 1 Day e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS and completely filled in remove corbon popers. · Le YES 🗍 NO [Rt.1 Naval Hospital 3 NAME OF Middle Lost 4 DATE Month Doy Year DECEASED (Type or print) OF Allen DEATH 67 any event, Warren June Louise AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH **NEVER MARRIED** 62 last b ahday) Months Dovs Hours WIDOWED DIVORCED June 29.1904 Female Cauc pup 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR requims that the denth certificate be COUNTRY? eose during most of working life, even if retired) INDUSTRY puo USA Teacher Oconee . Ill. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI attending physi permit. Then plion, or removal, Ben P. Allen Louise March 1S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address Rt.1 Valparaiso, Ind. 40 Seral Warren cremotion, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
CARC INOMA OF INTERVAL BETWEEN signed by the buriol-transit p buriol, cremativ THE BREAST ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying cause the TO FUNERAL DIRECTOR: After this certificate hos been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CFRTIFICATION be detached for use Stote Dept. of Heolth YES TO NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f (County) factory, street, office bldg., etc.) Hour o.m. Not While ot work at work 21. 1 certify that (1) (this haspital) attended the deceased fram Jun 9 . 19 67 to Jun 9 19_67 that (I) (we) last director, page 3 should should be filed with the 1967, and that death accurred at 7:00 PM, from causes and an the date stated above. saw the deceased alive an I un 9 22b. DATE SIGNED 22o. SIGNATURE STAFF ATTENDING O HOSPITAL OR Poge 4 moy be r 11 June 1967 M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) William R. Hix MD Naval Hospital Bethesda Md NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF BURIAL, CREMATION, (County) 阳份生中的 LaCrosse. /67 across Cemetery 2So. REC'D BY REGISTRAR ADDRESS 2Sb 24. FUNERAL DIRECTOR R.A. Pumphrey Funeral Home 7557 Wisc Ave Bethesda Md VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

116.

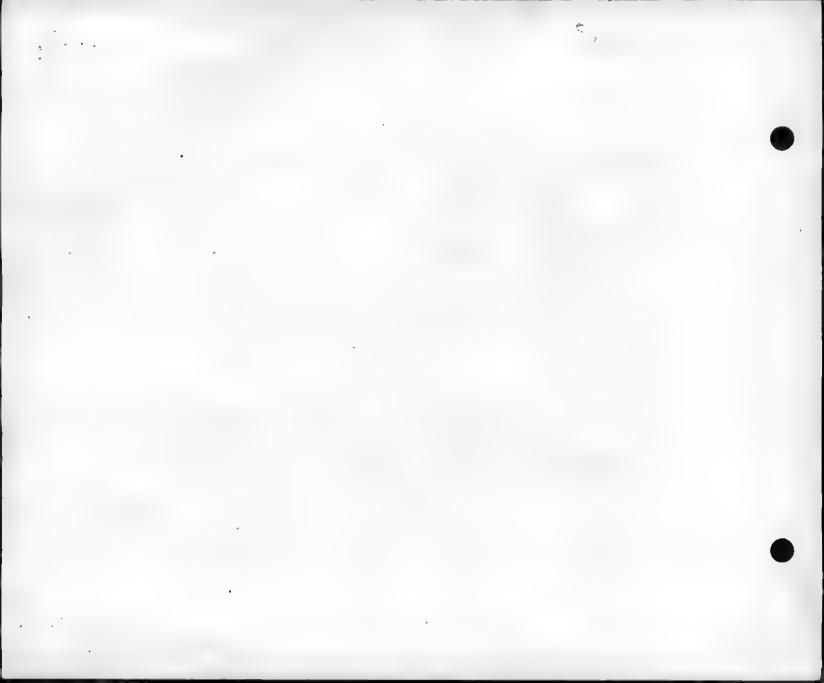
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #8 Film #6389 ./216/20 pg ...

		00000			CERTI	FICATE	OF DEATH			98	500
1		PLACE OF DEATH					2 USUAL RESIDENCE (W	here deceased liv			re odmission)
7		o. COUNTY ontgomery			MA	RYLAND	o STATE	nd	p COUNT	r Iontgone	זיינ
)	-	b CITY OR TOWN (If outsi	de corporate limits.		c LENGTH OF STAY		c CITY OR TOWN (If out				
<		write RURAL and give i	neorest town)		17 hrs.		Sandy :	Inm no		, ,	
		d NAME OF HOSPITAL OR	INSTITUTION (If not	in hospital, a			d STREET ADDRESS	3,31,4116		-//-	e IS RESIDENCE
1		Hontgomerv	Jononol	Uornt	,		ם רפונור	noolso Dd			ON A FARM? YES NO ST
	_	NAME OF	First		Middle		LOGI LOGI	rooke Rd	Month	Dov	L
		DECEASED	2110			13. Ten em em em em	razi	OF		Udy	
	-		MINERVA LOR OR RACE	7 MARRIED		NGTON	DATE OF BIRTH	DEATH 9 AGE	(n years	IF LINDER 1 YEAR	1967 TIF UNDER 24 HRS
					NEVER MARRI					Months Doys	Hours Min
7			olored	WIDOWED	Atmiris	EU [_]	6/19/9/4 93		yrs	T	
		USUAL OCCUPATION (Give ing most of working life, eve			ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County &	3 State, or foreign o	ountry)	12 CITIZEN OF	FWHAT
1					ne oloyed		<u> </u>	Md.		lU	SAA
3	13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
		Joshua Selby						tianna E	udd		
	15	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. 5	OCIAL SECURITY NO	17 1	NFORMANT		Address		
	110	no	give wor or doles or	57	8-26-5303	M	edical Mecon	rds of M	onte. (General	Hospt.
		18 CAUSE OF DEATH (E								11/11	EDWAL DETAKER.
		PART 1 DEATH WAS	: Caused By Immediate Cause (c	1	Cerch	ral	hrom	hosis		2	AND DEATH
		332X	DUE T	,	Λ Ι					1	1.0
		Conditions, if ony, which		o)	Hoter	7050	Crosis				ears.
		rise to immediate cous stating the underlying		0							
		lost.) (()							
.4	_	PART II OTHER SIGNIFICA	ANT CONDITIONS COI	NTRIBUTING T	O DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN	PART I(o)	19	WAS AUTOPSY
3	CERTIFICATION		_						, ,) _Y	PERFORMED?
	A I	200 ACC DENT WAS UNDER	RLYING ET	20h DF	CRIBE HOW INDIRY	OCCURRED (Enter noture of injury in F	Port Lor Port II of	item 18)		<u> </u>
	ERT	OR CONTRIBUTING CAU	SE OF DEATH	200 01	CRIDE HOW MOOKE	Decounter 1	enter notice of thirty at t	011 (07 1 071 11 0)	nor ro j		
	S S	(IF EITHER, NOTIFY MEDICA 20c TIME OF INJURY ME		20d IN	JURY OCCURRED	20a Pt Ar	E OF INJURY (Home, form,	20f (C.5	or town)	(County)	(State)
4	MEDICAL	Hour o.m.		While	Not While	focto	ary, street, office bldg., etc.)	, 201 (. 1	(cosiny)	(31010)
		pm.	19	at work		1 (19125		1. 1.	175 "	. (1) ())
		21. I certify the		ital) attend 5/6	led the deceased	rem	death accurred at	9 to M	اعام		iat (I) (we) last
		220 SIGNATURE	a dive dii.	1	19-01,	una mai	death accorred arg	Wasto M, III	III conses di	22b DATE GN	
		220 SIONALDA		0.41	the has	M D		MED DIRECTOR	STAFF	(8	11
		22c PHYSICIAN'S		- 1	0 001 7 01	W D	PHYS 22d ADDRESS	DIRECTOR L	PHYS.	60	0
1			. Ri har	d Yath	5			Id. 2083	2	1	*
1	22-	BURIAL CREMATION.	236 DATE THER		1 23c NAME OF CE	USTEDV OR 4			N (City or Town	\ //a>	(5)-(-)
	200	REMOVAL (Specify)									
	24	BUR TAL FUNERAL DIRECTOR	6/12/	67	SHARP ST	HEET	CEMETERY	SAN DW DECISTOR	DY SPR	ING, MON	IIG. MD.
7		TOWERAL DIRECTOR	11.14	16	AUSKIAS		All Sprikeco	1 4 196	7 Occ	STRAKS SIGNATUL	N.L.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers, Pages, and should be filled with the State Dept. at Health priar ta burial, cremation, arremoral, and in any event, within 72 haur other pages.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	085 07	CERTIFICATE	OF DEATH		08501		
	PLACE OF DEATH O. COUNTY		2 USUAL RESIDENCE (Whe	re deceosed lived, if institution	n Residence before admission)		
	Montgomery	• MARYLAND	marylas	nd	1:, 1		
	b CITY OR TOWN (If onlyide corporate mily), white RJRAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside	e corporate limits, write RUR	AL and give nearest town)		
-	Takoma Fark	DOA	Greent	elt md			
	d NAME OF HOSPITAL OR INSTITUTION (IF not in		d STREET ADDRESS		e IS RESIDENCE		
Ľ	Wash. San +	Hosp.	22A Hi	115ide R	eRd YES NO		
	NAME OF FIRST	Middle	Lost 4	OF Month	Month Doy Year		
	(Type or print) DEFITANA	Angus W	10/13	DEATH 6	19 1967		
5	SEX 6. COLOR OR RACE 7	MARRIED 📈 NEVER MARRIED 🔲	8. DATE OF BIRTH	9 AGE (In years lost buthday)	Months Days Hours Min		
L	M N	/IDOWED DIVORCED D	10-15-1899	67 yrs.	Months Days Hours Min		
	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY according	11. BIRTHPLACE (County & St	ote, or foreign country)	12 CITIZEN OF WHAT COUNTRY?		
12	FATHER'S NAME	July Maurery	Danville	- Va	I u J		
13.	d /		14. MOTHER'S MAIDEN NAM	1¢			
_	Charles W	ells	Jola -				
I IS	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or pirknown) (If yes give wor or dotes of sen	16 SOCIAL SECURITY NO 17 I	NFORMANT 24/4	Com Address	ells (came as \$2		
L	No	216-09-0762	VILE IM	CLUMIC A. 10	ull (oame as 12		
	18. CAUSE OF DEATH (Enter only one couse po	or line for (o), (b), and (c))	1:		INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) _	CORONALY DX	clusion		ONSET AND DEATH		
	201 DUE TO						
	Conditions, if ony, which gove) (b)						
1	rise to immediate couse (a), DUE TO	4	_				
	lost (c)	Atherosclarotic	Heart Di	seèse	2-3 yrs.		
	PART II OTHER SIGNIFICANT CONDITIONS CONTR	Va			19 WAS AUTOPSY		
CERTIFICATION	FREGUE			. ,	PERFORMED?		
Ş.	20o ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED			122 NO 191		
E	OR CONTRIBUTING CAUSE OF DEATH	200 DESCRIBE HOW INJURY OCCURRED	femen nome of minis in Lou	FOR PORT II OF HEIR TO ;			
E E	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c TIME OF NJURY Month, Day, Year Hour o.m.	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(County) (State)		
至	p.m. 19	at work O ot work	ory, street, other oldg., etc.)				
	21. I certify that (I) (this hospital	f) attended the deceased fram	MAY , 196	2-10 JUNE 1	3, 1967, that (1) (we) las		
	saw the deceased alive an Ju	NE 13 1967, and that	t death accurred at	M, from causes a	ind on the date stated above		
	22d. SIGNATURE		ATTENDING ME	D STAFF	22b DATE SIGNED		
	-toleets -	MI		ECTOR PHYS	6-13-67		
	220 PHYSICIAN'S ROBERT	B. IREY	11161 Now	Hampshire A	ie. Silver Soring		
23	BUR AL, CREMATION 23b DATE THEREOI	23c NAME OF CEMETERY OR		23d LOCATION (City or Tow			
1	Bureal June 16.		MInustry.	Colman Man			
20	. FUNERAL DIRECTOR	ADDRESS ALL ALAN	1 AS JEN RECOS	REGISTRAR 25b REG	SISTRAR S SIGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death curtificate be exacuted within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remayer arban papers. Pages shauld be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after the state Dept.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08508 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH b. COUNTY a. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 can Tard completely fulled in by the conservence carbon papers. Por ond in ony event, within 72 hours 2hrs 40min Chevy Chase Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Y Naval Hospital 8940 Jones Mill Road Middle DATE Month 3. NAME OF Lost 1967 Marion Leigh WELLS June DEATH Type or print) IF UNDER 1 YEAR IF LNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** last birthdoy) 82 yrs. Manths Days Hours 6 Aug 1884 Female Cauc WIDOWED 5 DIVORCED 10a, USUA, OCCLPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? leose during most of working te, even if retired)
Gentlewoman INDUSTRY physicuan U.S. Sidney, Australia 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME 0. buriol, cremation, or removol, Sir Hugh Dixon Emma Elizabeth Shaw 17. INFORMANT (Attorney) Address Washington, D.C. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dotes of service)

Andrew T. Altmann, Colorado Building, 220-44-2607 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH PART | DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) Acute myocardial infarct DIE To Subintimal hemorrhage, right coronary artery Canditions, if any, which gove (b) Carcinoma of liver rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or tawn) (County) (Stote) Not While foctory, street, office bldg , etc.) of work at work

21. I certify that (M) (this haspital) attended the deceased fram: 50AM 3 June 1967, tale: 30 AM3 June 67that (M) (we) last saw the deceased alive an 3 June 1967, and that death accurred de: 30A M, fram causes and an the date stated above.

22d. ADDRESS

Me, USNRO

23c NAME OF CEMETERY OR CREMATORY

LCDR MC USNR

Page 4 may be retained by the hospital or attending be detoched for use as the State Dept. of Health priar to has certificate director, page 3 should should be filed with the O FUNERAL DIRECTOR: VR A15 (4) 20 M 1/66

signed by the burial-transit p

The law requires that the death certificate-to, executed within 24 hours after death.

BURIAL, CREMATION, REMOVAL (Specify)

saw the deceased alive an 3 June

23b. DATE THEREOF

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

24 FUNERAL DIRECTOR 5130 Wiscons M.W., Gawler Funeral Home, Washington, D.C.

DIRECTOR

23d. LOCATION (City or Town) (Stote) Arlington National Cemetery, Arlington, Virginia 25b. REGISTRAR'S SIGNATURE

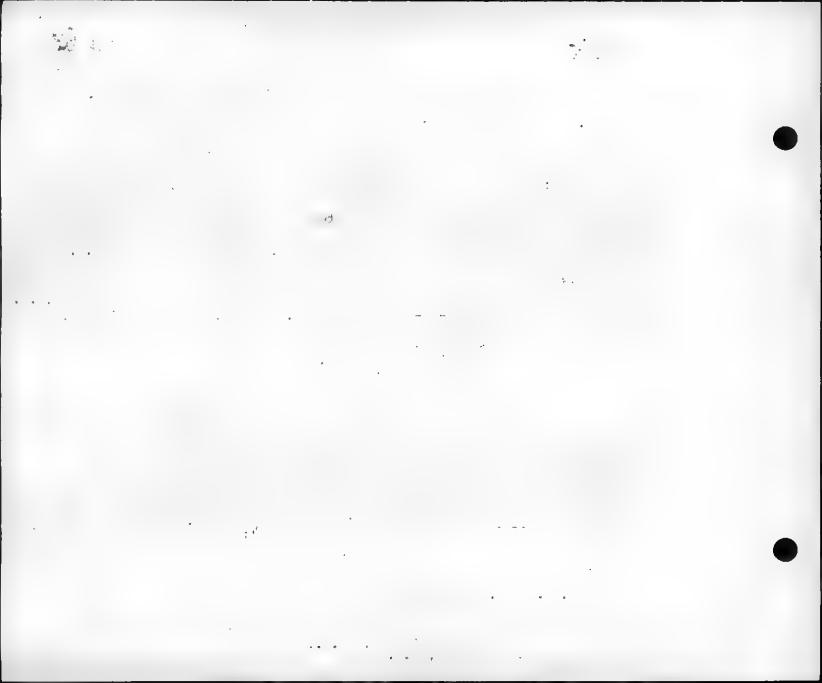
22b DATE SIGNED

June 1967

Williamles Judge

PHYS.

Naval Hospital. Bethesda. Maryland



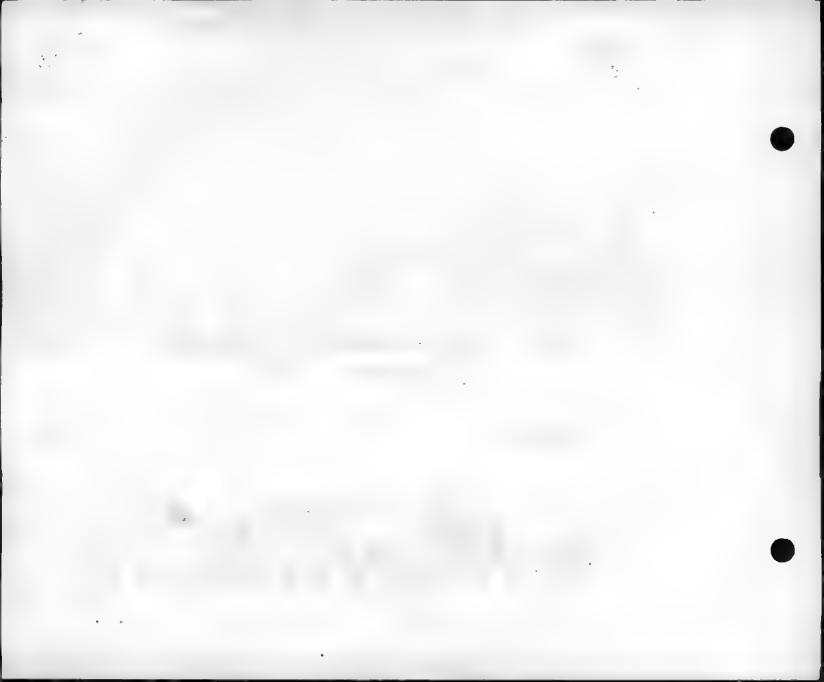
08503

CERTIFICATE OF DEATH

08503

1		00000	CERTIFICATE	OI DEATH	0.00						
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution:	: Residence before admission)						
	(a county montgomery	MARYLAND	o. STATE maryland b. COUNTY	Montgomera						
		h CITY OR TOWN (If outside corporate limits	C LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write RURAL	~ /						
		write RURA, and give nearest lawn	15 dans	Silver Spring	and give meaners to the						
	 	d NAME OF HOSPITAL OR INSTITUTION (IT not in h		d STREET ADDRESS	e IS RES DENCE						
	l '	. 1	Dital	12628 Laghill Rd	ON A FARM?						
	-			31 2 10	YES NO						
		NAME OF First DECEASED	Middle	Lost 4 DATE Month	Doy Year						
	<u> </u>	(Type or print) Jos		WEICH DEATH &	a3 1947						
1	S S	, and an area of the same	ARRIED NEVER MARRIED B	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HRS Wanths Doys Hours Min						
-)			IDOWED DIVORCED	4/10/81 860 YIS							
	10o	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT						
	4011	Gardner	self Employed	France	LIS'A						
	_	FATHER'S NAME	1	14 MOTHER'S MAIDEN NAME							
	1	nichael werck	_								
		WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT Address	0 1 1						
	(Yes, no or unknown) [Ilf yes give wor or dotes of service) 220-50 7362 Josephinity exter tollege Oa										
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ord (c)).										
		SUSET AND GEATH (
		5410 IMMEDIATE CAUSE (o)									
		Conditions, if any, which gove) (b)	Dodenal	lleer	1 Ma						
		rise to immediate cause (o), (v								
		stating the underlying couse (c)									
			BUTING TO DEATH BUT NOT RELATED TO TE	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY						
,	흘	1000	DOTATION OF MALES TO A	TERMINAL DISEASE CONDITION OFFER IN THAT TO	PERFORMED?						
	FICATION	200 ACCIDENT WAS UNDERLYING	30h DESCRIPE HOW INTERV OCCUPATION (Enter nature of injury in Port I or Port II of Item 18)	YES NO						
	CERT	OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW MIDE OCCURRED. (I	Enter statione of stillion was to the total total term is							
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e PLAC	F OF INJURY (Home, form 20f, (City or town)	(6						
	MEDICAL	20c TIME OF MJURY Manth, Doy, Year Hour o.m.	While - Not While - forto	ry, street, office bldg., etc.)	(County) (Store)						
	[~]	p.m. 19	atwork L atwork L	(/2 // 27	4-9						
	Н	21. I certify that (i) (this haspital)			, that (1) (we) last						
	Ш	saw the deceased alive on	23/6719, and that	death occurred at 40 PM, from/causes an	d on the date stated above.						
	П	220 SIGNATURE POLICE	Househar	ATTENDING MED STAFF	22b DATESIGNED						
		72c PHYSICIAN'S	Journa N	PHYS DIRECTOR PHYS	6/28/6/						
ı		NAME (Type) WE WIRY	C. SEBUERS	5413 Codarlane B	otherede md.						
-	20	DUDIAL COLMATION CON SALES		NAME OF THE PARTY							
		BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C 1967 Prospect Hill								
		Burial oune 27,	-								
	24.	FUNERAL DIRECTOR	ADDRESS Hypothesille N		TRAR S SIGNATURE						
		I' LESINGETH SE WITH	THE THUSING THE PROPERTY OF TH	The same of the sa	, 45						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please repowe carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar removal, and ip any every, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08510 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission within 24 hours after deaf the funeral a COUNTY Montgomery b COUNTY + Marvland nce Georges -Br **MARYLAND** b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CSTY OR TOWN (If outside cornarate limits, write RURAL and give nearest town) papers. rus write RURAL and give nearest town)
SILVER SPEINS Hvattsville DOA .⊆ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? filled Holy Cross Hospital 6903 20th Avenue YES NO A NAME OF Middle DATE Wessells Claude DECEASED W. (Type or print) 19 DEATH executed S. SEX 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE B DATE OF BIRTH 7 MARRIED NEVER MARRIED eve clost birthdoy) 1902 Hours male June Cauc ò WIDOWED DIVORCED puo 100 USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 GTIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? ond Virginia Asst. Supt. PEPCO 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME гетноуо Mary Nelson Waltar Wessells 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown). If If yes give wor or dates of service Jessie A. Wessells-6903 20th Ave. cremation, or -09-3011 Hyattsvillensva Hyan 18. CAUSE OF DEATH (Enter only one couse per line for (o). (b), ond (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (D DUE TO Conditions, if ony, which gove rise to immed ofe couse (o). DUE TO stating the underlying couse os the prior to has been Inst PART - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Health s 3 NO certificate ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Horne, form, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg, etc.) of work L After of work 19 65, ta June 22, 19 67, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram-Ur token be retoined saw the deceased alive an June 20 19 67, and that death accurred at 50% p. M, fram causes and on the date stated above. DIRECTOR: 220 SIGNATURE 226. DATE SIGNED director, page 3 should be filed v M.D DIRECTOR PHYS 22d. ADDRESS O HOSPITAL TO FUNERAL NAME (Type) 10101 COECREIA 23b DATE IHEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION. 23d LOCATION (City or Town) Lincoln Cometery Prince Georges Co. 6/26/67 FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR 2Sb. VR A15 [4] 25M 1/67

Pary Melson

577-09-3011Jessie A. Wessells-6903 20th Ave. Hyattsville, Md.

OU

Walter W. Tessells

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completery filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon adjects. Pages 1 and 2, should bill filed with the State Dept. of Health prior to burial, crematian, or removal, and in any evilinit. 72 hours after peaths. 24 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physician.

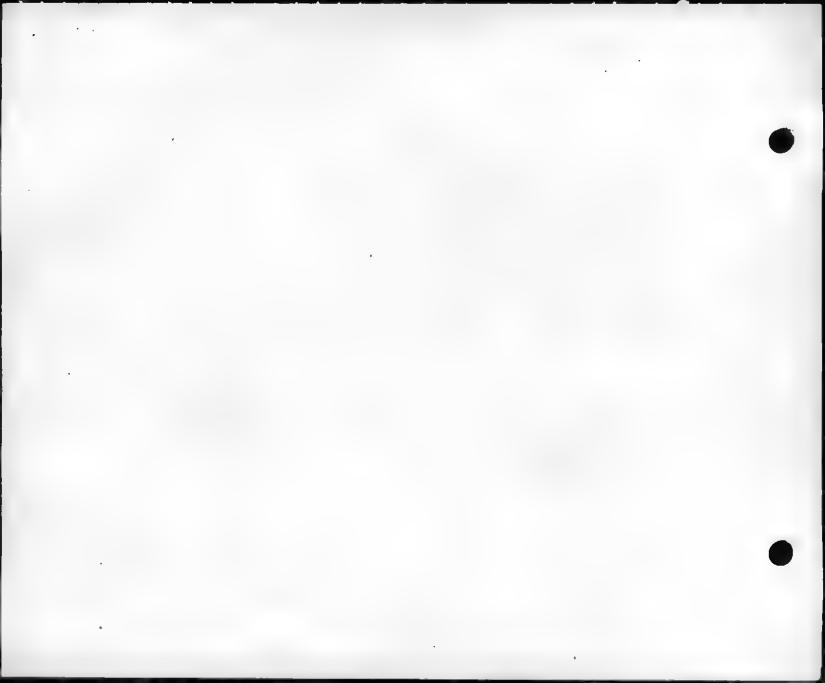
VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #13 Film #G300 CERTIFICATE OF DEATH

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08505

l barrer											
1	PLACE OF DEATH a. COUNTY					2 USUAL RESIDENCE (V o. STATE		sed lived, if institu	tion Residenc	e befare odmisss	on
		Montgomer			RYLAND	Mary	land	0. (00	""Prin	ce Geor	ges
	b CITY OR TOWN (9	f autside carparate fimits I give nearest town)	,	c LENGTH OF STAY	IN 1b	c CITY OR TOWN (H ou	tside carpare	ate limits, write Rd	IRAL and give	neorest town)	
	Ŀ	3ethesda		20 Days	3	Hyattsvi	.lle		1.1		
		AL OR INSTITUTION (If no				d STREET ADDRESS				e IS RESI ON A F	DENCE ARM?
		cal Center			vland_	1514 Madis		reet			NO X
3	NAME OF DECEASED	Fir	51	Middle		Last	4. DATE OF	Mon	ith	Doy Ye	ear
	(Type or print)	Maggie		Mae		Wheeless	DEATH			11 19	67
12	SEX	6. COLOR OR RACE		NEVER MARRI	· □	3. DATE OF BIRTH		AGE (In years last birthday)	Manths 1	YEAR IF UNDE	R 24 HRS. Min
	Female	White	WIDOWED	DIVORC	ED [] 1	2 August 19		49 yrs			
	 USJAL OCCUPATION ring most of working 	(Give kind af wark dane life, even if retired)	1NE	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County 8		reign country)		IZEN OF WHAT JNTRY?	
	Telephone	Operator_	Tel	ephone Co	0.		rgia		US		
13	FATHER S NAME					14. MOTHER'S MAIDEN N					
L	Charlton	The same of the sa				Emma G					
		R IN U.S. ARMED FORCES? (If yes give war or dates a	f service)	OCIAL SECURITY NO.		NFORMANT The M	ledica	l Reco fd	5	20	014
L	No		1 2	37-30-452	29 Th	e Clinical	<u>Cente</u>	r, Bethe	sda, M		
		ATH (Enter amy one cause H WAS CAUSED BY-		4 5 4 5 4 7						INTERVAL BE	TWEEN
	I ANT DENT	IMMEDIATE CAUSE	(-)	is and pr	neumon	ia with par	tial	atelecta	SIS	ONSET AND Cays	
	Canditians, if any,	DUE :	70 D:10+	onel nlo	mol o	ffusion wit	h mad	cive ace	ites	weeks	
	rise to immediate	e cause (a), (Pure :					TT TROUG	PTAG GPO	7000	month	
	stating the under			l necrosi		l phosis of th	a law	er		months to ye	
						HE TERMINAL DISEASE CON				19 WAS ALT	
NO.	TOWN OF SHAPE SH	OMITORIT COMPTHORS CO	minipotino n	J DESTII GUI NU! K	LIMITED TO 1	THE TERMINAL DIDENSE CON	IDITION OIN	en in raki i(u)		PERFORM	
THE SE	2Da ACCIDENT WAS	UNDERLYING	20h DES	CRIRE HOW INTERV	OCCURRED 4	Enter nature of injury in f	Part or Por	rt II of item 181		YES X	но 📙
MEDICAL CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200 013	CALL HOTE HOOK!	occonned (Error ration or migry III I	GH V TO	7 II at 1101/1 (0.)			
ICAL	2Dc TIME OF INDU	JRY Month, Doy, Year		JURY OCCURRED		E OF IN. JRY (Hame, farm		(City or town)	(Cou	ητγ)	(State)
MED	Hour o.n	10	While at wark	Not While at wark	facto	ory, street, office bldg., etc.)					
	21. I certif	y that (1) (this has	oital) attend	ed the deceaser	frem_2	2 May , 1	967,1	o_11_Jun	.e, 19 <u>-6</u>	7, that (X (we) last
	saw the de	ceased alive an 🗓	June	19 67.	and that	death accurred at	9:30 N	A, fram causes	and on th	e date state	d abave.
	22a SIGNATURE	VII	VI				MED P	STAFF -		TE SIGNED	274
	00 000000) avid	aus	m	M.D	PHYS	DIRECTOR	L PHYS K		June 196	
	22c PHYSICIAN S NAME (Type)	David F. 1	Paulsor	MD		22d. ADDRESS Th					
- 00	O DIID AL CREALET CO				LETTER OF	Institute					
23	G BUR AL, CREMAT OF REMOVAL (Specify)		A	Lovein				CATION (City or To		(Caunty) (State)
2	4 FUNERAL DIRECTO	D	P				BY REGIST			GMNTHRE	
	Home In	n a la l	s Fun	era I M.	t.Rai	urer.		267 100	EGISTRARE SI	udge	
1				M8.7	cylar	1C) QAUGHY	1 13 14			// V	



MARYLAND STATE DEPARTMENT OF BEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

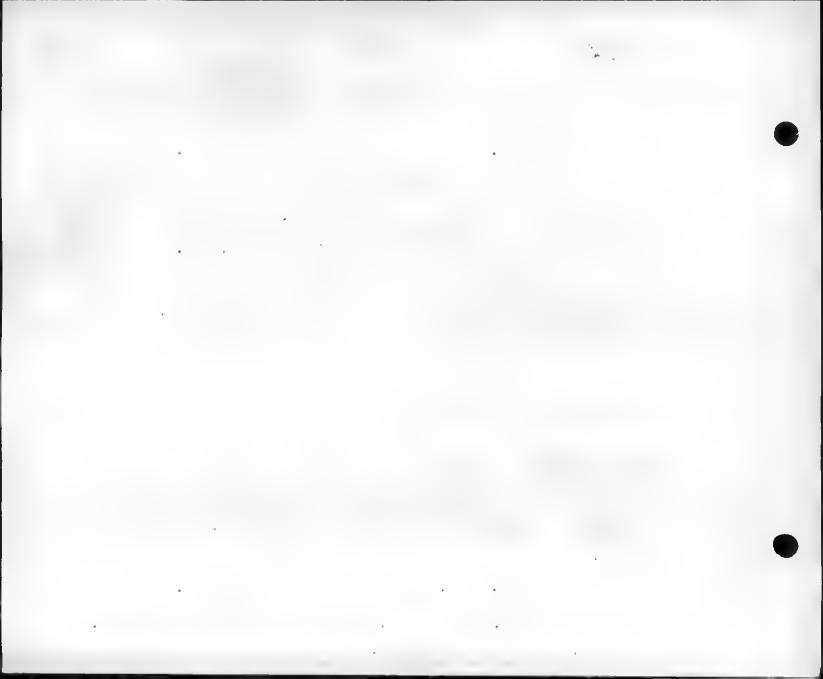
08506 CERTIFICATE OF DEATH

		3851	2		CERT	IFICATE	OF DEATH			UC	1900
		LACE OF DEATH COUNTY MO	ontgomery		M	ARYLAND	404-0	(Where deceosed lived, rland	if institution R b. COUNTY	tesidence before	odmission) ery
1	Ь	CITY OR TOWN (1	f outside corporate fimi give neorest town) AMASCUS	's,	c LENGTH OF STA	Y IN 1b		outside corparate limits	, write RURAL oi	nd give nearest	town)
ľ	d	NAME OF HOSPITA	AL OR INSTITUTION (If n	at in hospital,	give street oddress)		d STREET ADDRESS			6	15 RESIDENCE ON A FARM?
1		90	069 Main S	t.			9069	Main St	•	Y	S DE NO
	1	IAME OF ECEASED Type or print)	Marga	rst ret	Middle Elizabet	h W	tost Miteman	4 DATE OF DEATH	Month June	Doy 26	Year 19 67
ľ	5 5	EX	6 COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲	8. DATE OF BIRTH	9. AGE (I	n years IF L	JNDER 1 YEAR	IF UNDER 24 HRS.
ı	F	emale	White	WIDOWED	DIVOR	CED 🔲	May 29, 18	382 85	yrs.	nths Days	Hours Mm.
		USUAL OCCUPATION ig most of working Farm in			IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Count	nty & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13 COUNTRY? USA			
	13.	FATHER'S NAME	*8				14. MOTHER'S MAIDEN	NAME		- 05	8
l			Cor	nwell							
ŀ	IS.	WAS DECEASED EVE	MILLS ADMED ENDINES	1/4	SOCIAL SECURITY NO	17.	NFORMANT		Address		
ı	(Yes	, no, or nknown)	(If yes give wor or dotes	of service 21	7-32-006	8	Richard (. Whitema	an. I	tem 2	
		Conditions, if ony, rise to immediate storing the under lost.	which gove a couse (o), lying couse	(b) AR+		LERO	thromb tic Carpi	O VASCULAR		se loy	TAND BATH S CACS.
	CEKTIFICATION						THE TERMINAL DISEASE CO			P	FREORMED?
		(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				(Enter noture of injury in				
	MEDICAL	20c TIME OF INJU Hour o.n p.n	10	20d While of wor			CE OF INJURY (Home, for ory, street, office bldg., etc	:.)	r town)	(County)	(Stote)
		saw the di	'y that (I) (this ho eceased alive on L	spital) atten	ded the decease	d from_& , ond the	t death occurred a	19 <i>67</i> , to <u>6</u> / t <u>4A</u> -M, from	couses and	, 19 6 \overline{Z} , the on the dote	ot (I) (lo stated abov
		220. SIGNATURE		er		M.	7 111 111	MED. S	TAFF 🗆	6/28	67
		22c. PHYSICIAN'S NAME (Type)	James	P. Ker	r, M.D.		22d. ADDRESS Dama	scus, Md			
	230	BURIAL, CREMATIC REMOVAL (Specify BUTIAL	N, 23b. DATE TH		23c NAME OF CE	METERY OR Oli		23d. LOCATION Fred	City or Town) erick,	(County) Md.	(Stote)
Ī	24.	FUNERAL DIRECTO	R		ADDRESS		2So., 250	D BY REGISTRAR		AR S SIGNATURE	100
I		OLin	L. Molesw	orth,	Damascu	s, Md	DATE	N 3 0 1967	1	was her	og.

24 TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 haurs after Math.

Page 4 may be retained by the hospital or attending physician.

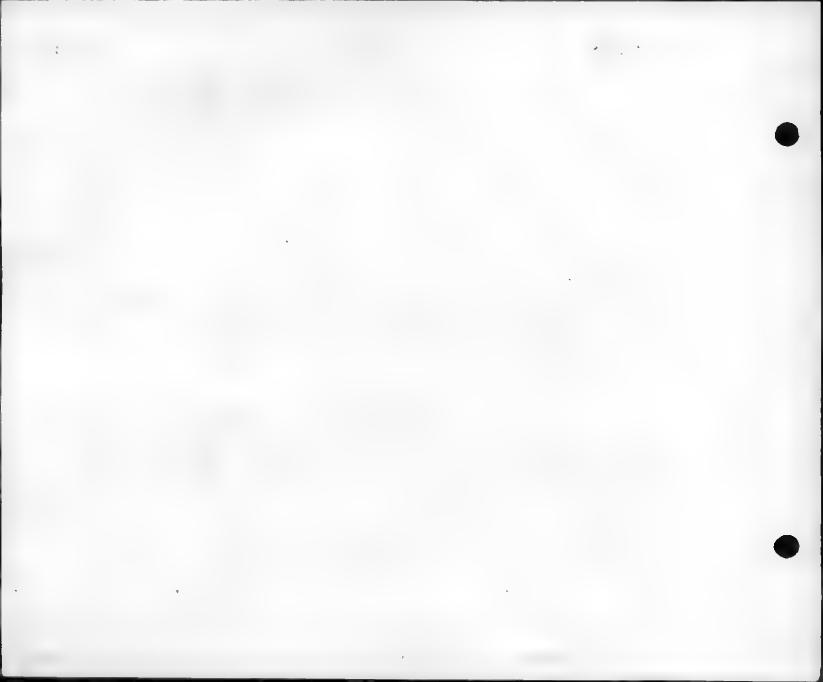
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
o. STATE
b. COUNTY 1. PLACE OF DEATH a. COUNTY AND

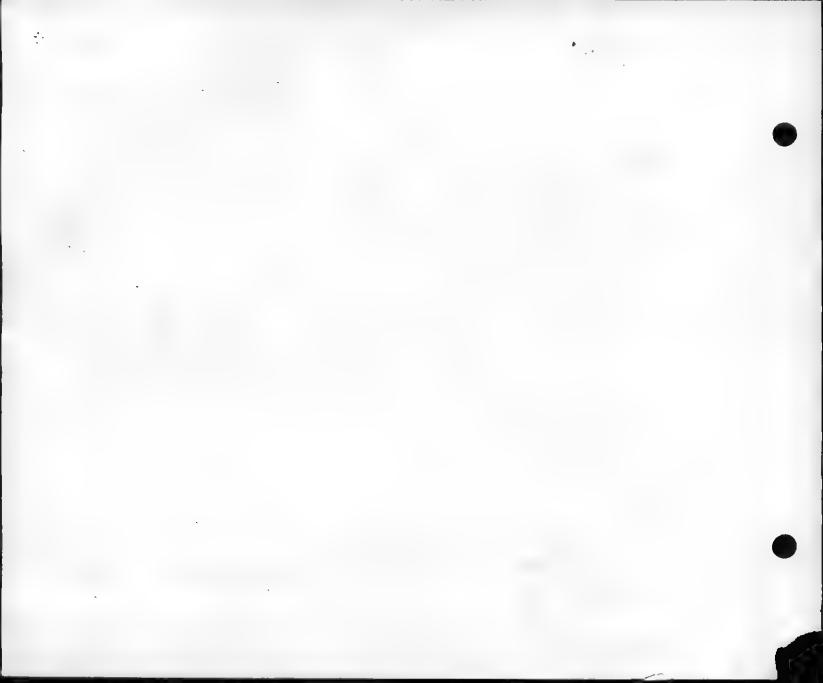
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+ .	by the fu Pages 1 ours after		b CITY OR TOWN (If autsigs/carparate limits) c LENGTH OF STAY IN 16 c CITY OR TOWN (If auts of carparate limits, write RURAL and give	weatest town)
₹ .	Pag P	<	Silver Springs 3 mo. Silver Springs	
ğ -	d ri oh oh	ho	d NAME OF HOSPITADOR INSTITUTION (If not in hospital, give street address)	1 o IC DECIDENCE
requires that the death certificate be executed within 24 hours after physician.	ity filled in by too on papers Par within 72 hours	4	4014 Cross	e is residence On a farm? Yes NO
- i=		2		
₹ -	dve caxban event,			Ogy Year
0	(15 g &		OF DEATH Surgery Comprise Comp	1967
ute	Least Sent	S		YEAR IF UNDER 24 HRS.
эхе			Fe Wh. WIDOWED DIVORCED 10/20/16 10st birthdoy) Months	Days Hours Min.
9	0 -	10a	USUAL OCCUPATION (Give kind of wark done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITI	ZEN OF WHAT
9	ag pa	aur	ng grost of working life, even if serired) NOUSEY Our home D.C	INTRY?
to :	sicio olea on on	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	10011
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ė	E E E	1	oseph Wushnak Minnie Lasanska	
€ :	affending physician ermit. Then please on, ar remaval, and i	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 1940 Kimberly Roa 577-10-0610 Guy 9. Wookham Silver Spring Ma	
page .	mit	Į16	s, no, or unknown) (If yes give war at dates at service) 577-10-0610 Guy F. Wockham Silver Spring Ma	ruland
9	y the affendi ansit permit. emation, ar re	H		INTERVAL BETWEEN
÷ .			1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
Ę .	em em		IMMEDIATE CAUSE (0) Adona cercinous of Colon	14KAT
Sign to	signed by the burial-transit burial, cremat		/ O Ø Ø DUE TO	
ysi	signed burial-ti burial, c		Conditions, if any, which gave) (b)	
함전.	is a g		nse to immediate cause (a).	
	to to		storing the orderlying coose	
ala y	s be as th			
The atte		z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMEO?
E 5	e he he	CERTIFICATION		YES NO
S -	ficate far us f Healt	온	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.)	
PHYSICIAI e haspital	-	ER	OR CONTRIBUTING □ CAUSE OF DEATH	
YS	i je i	F C	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
5 • ·	this cert etached Dept. o	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, Haur o.m. While Not While factory, street, affice bldg., etc.)	nty) (Stote)
യ ≑്		¥	Haur o.m. p.m. 19 While at wark at wark	
ZÃ.	ufter be Stat		21. I certify that (I) (this hospital) attended the deceased fram	7 that (I) dwal last
N Pa	200		saw the deceased alive an 6/23 1967, and that death accurred at 412A M, from causes and an th	o data stated above
OR ATTENDING be retained by the	Shaul Sha Shaul Sha Sha Sha Sha Sha Sha Sha Sha Sha Sha			
Te ta			ATTENDING MED. STAFF	ATE SIGNED
8 8	6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		M.D. PHYS. DIRECTOR LI PHYS. LI 6/2	4/6/
¥ >.	8∉		22c PHYSICIAN S 22d. ADDRESS	
E E	Z _ a		NAME(Type) Staine H. Eig 8641 Colesville Rd., Silver	Spring. Md.
Page 4 may b	O FUNERAL DIRECTOR: director, page 3 shaul should be filed with th	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
- B	도류용 스	10	perioditi te tra	
2 4	5 , /	_	REMOVA (Specify) June 27, 1967 Fort Lincoln Cemetery Prince Georges Co.	
VE	R A15 (4)		FUNERAL DIRECTOR Colla Catt 8434 Georgia Avenue 250. REC'O BY REGISTRAR 256. REGISTRAR'S SH	
20	0 M 1/66	W	The Carter, Colon Cat 8434 Georgia Avenue DATEJUN 2 8 1967 Illand	as Inder

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38514 MEDICAL EXAMINER'S CERTIFICATE OF FOR STATE 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY b COUNT Page a he State Departmental MARYLAND deloy C LENGTH OF STAY IN TO b. CTY OR TOWN (If outside corporate c CITY OR TOWN (If ours de corporate limits, write RURAL and give nearest tawn) 2, and PM3 F write RURAL and give nearest town e IS RES DENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ong with form hours after death NAME OF DATE Lost DECEASED OF (Type or print) DEATH IF UNDER 24 HR S SEX AGE IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARR ED NEVER MARRIED (In years lost birthday) Months Hours Hem 18 DIVORCED hours ofter death le certificate, writing the word "pending" in pencil in Hem 1 should be forwarded to the Chief Medicol Examiner's Office File pages lond 2 106 KIND OF BUSINESS OR 12 CIT ZEN OF WHAT Do. USUAL OCCUPATION (G ve kind of work done or foreign count? during most of working life, even if retired) INDUSTRY COUNTRY 2-2 DECEASED EVER IN U.S. ARMED FORCES? .6 SOCIAL SECURITY NO within 72 permi (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one rause per buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY event IMMEDIATE CAUSE (o) This certificate shamld DUE TO Aud Conditions, if ony, which gave rise to immediate cause (a) Z DUE TO 0 stoting the underlying couse and 00 lost be used mmoval, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 20o. EXTERNAL CAUSE WAS 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 3 should ō PR MARY CONTR BUTING C CAUSE OF DEATH cremotion, MEDICAL 20e PLACE OF INJURY (Home form 20c TME OF NJURY Month, Doy, Year 20d INJURY OCCURRED (City or lown) Hour om. Not While foctory, street, office bldg., etc.) While FUNERAL DIRECTOR: Poge Pogm ot work L at work 21. I certify that I took charge of the remains described above held an Autapsy and in my apinian funeral director. death resulted fur Undetermined manner Natural cause: retained CHIEF MEDICAL EXAMINER prior to ACTUAL DATE SIGNED SIGNATURE pe Health the t BURIAL CREMATION 0 REMOVAL (Specify) REGISTRAR FUNERAL DIRECTOR

VR A15ME (5) 6M 1/67



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death If any delay is necessary, please execute the certificate writing the ward 'pending" in pencl in Item 18 Give Pages 1, 2, and 3_ta

5.may be retained far yaur f.les. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages Land 2 with the Shate Department the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PMS

Health priar ta bunal, cremation, or remaval, and in any event within 72 haurs after death)

38515

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08509

1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)
· COUNTY/MONTGOMERY MARYLAND	o STATE Mary and bompy antgomery
b CITY OR TOWN (floutside corporate limits c LENGTH OF STAY IN 1b write RURA) and give nearest flown)	c CITY OR TOWN (It outside corporate limits write RURAL and give regress town)
Silver Spring 10 68 415	Silver Spring
d NAME OF HOSPITAL OR INSTITUTION (If not in hospitally give street oddress)	d STREET ADDRESS e 15 RES DENCE ON A FARM?
10820 Georgia Aug	10820 Georgiative YES NO X
3 NAME OF First Middle	OST 4 DATE Month Doy Year
(Type or print) Claude Horaham	Wood DEATH JUNE 3 1961
S SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 9 AGE (In years IF NDER 1 YEAR IF UNDER 24 HRS 14 NDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
100, US_AL OCCUPATION (Give kind of work done Ob_KIND OF BUSINESS OR	11. SIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
during mass of working lifet even if retired) ANDUSTRY	Virginia CONTRY?
13 FATHER'S NAME	14 MOTHER'S MA DENTINAME
So. 1 (/b. 1.C.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	INFORMANT Address 111 A.C.
(Yes, no or unknown) (If yes give wor or dotes of service)	La Elli Linga C Wille Sa
18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c)	
PART I DEATH WAS CAUSED BY	c cardiovascular disease
422 / IMMEDIATE (AUSE (o) AT CETTOSCIETOLI	c cardiovabellar disease
Conditions, if any, which gave (b)	
rise to immediate couse (a), (DUE TO	
last (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?	
YES NO [
PRIMARY Or CONTRIBUTING C	(Enter nature of injury in Port I or Port II of tem 18.)
	ICE OF INJURY (Home form 20f (City or town) (County) (State)
Hour om While Not While of work	tory, street, office bidglieft ()
21 1 certify that Look charge of the remains described above, held an Autopsy X, inspection X Inquiry X, and n my apinion	
death resulted from: Natural causes 🗵, Accodent 🗌, Suicide 🔲, Hamicide 🔲 Undefermined manner 🗍	
ACTUAL ACTUAL CHIEF MEDICAL EXAMINER 222, DATE SIGNED	
SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	
NAME (Type) BELDEN D. DEADM, D. Middles Guber and Town or county) June 4, 1967	
23c BUR AL, REMATION, 23b. DATE THEREOF 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION 1511 or "own, (County) (Stote)	
Burial June 7, 1967 It. Lincoln Cemetery Prince Georges Co., Md.	
PA FAMERAL DIRECTOR + Collen Contr. Surgu ADDRESS 250 RECD BY REGISTRAR 250 REG STRARS SIGNATURE	
Warner E. Pumphrey, Inc. Silver Spring Md DATEJUN 8 1967	

VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08516 CERTIFICATE OF DEATH 08510 within 24 haurs after death Dineral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Maryland Montgome rv CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg 20 days Olnev d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) B. IS RESIDENCE ON A FARM? d. STREET ADDRESS = filled 206 Russell Ave. Montgomery General Hospital YES NO 3 event, within NAME OF arbon Middle 4. DATE Doy Year 19 67 DECEASED 14 Allen Yankey YREKEY. Lov DEATH (Type or print) executed 9. AGE (In years 1 YEAR IF UNDER 24 HRS S. SEX B. DATE OF BIRTH 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Days Hours White Male 5/8/04 WIDOWED DIVORCED 10o, USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? Virginia USA requires that the death certificate Miller 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or remaya Victoria Halterman William Yankev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If yes give war or dates of service Hospital Records Olney, Maryland No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit burial, cremati ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: ance IMMEDIATE CAUSE (o) DUE TO 12acs Conditions, if ony, which gove rise to immediate couse (a). DUE TO attending ; stoting the underlying couse as been as the priar to 19. WAS AUTOPSY has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? use Health NO certificate ATTENDING PHYSICIAN: the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH After this certif be detached State Dept. of 1D (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year factory, street, office bldg., etc.) Hour o.m. While Not While at work **DIRECTOR:** After be retained by 21. I certify that (1) (this haspital) attended the deceased fram, 19 6 7that (1) (we) last 3 shauld 1 with the S and that death accurred a5:402 M, from causes and on the date stated above. saw the deceased alive an 22o, SIGNATURE 22b. DATE SIGNED director, page 3 M.D. 22d. ADDRESS TO FUNERAL NAME (Type) Baltazar E ./Perez 10305Folk St., Silver Spring, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMDVAL(Specify) H111 Flewer June 17 1967 Derwood Montgomary Md. 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Laytonsville H. Berber Md.

MARYLAND STATE DEPARTMENT OF HEALTH

volume in the state of the stat er and The second secon WINDS THE STATE OF American the state of the state A TOTAL CONTRACTOR OF THE PARTY ---to telegram Locates Lill telegram of the section of the Prancis A. Marber Lorbonaville .c.

ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 2, and 3 to PM3. Page deloy LENGTH OF STAY IN 16 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTPUTION (If not in haspital, give street address) d. STREET ADDRESS 4 should be forwarded to the Chief Medical Examiner's Office olong with form ON A FARM? Give Pages hours ofter death NAME OF Middle Year First. OF DEATH DECEASED with the (Type or print) oon AGE (In years IF UNDER S. SEX 7. MARRIED last birthdoy) Manths Hours Item 18. 10g USUAL OCCUPATION (Give kind of work done fOh, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Private Industr Research Engineer permit. File pages ony event within 72 hours .⊑ be executed (Yes, na, or unknown) (If yes give war ar dates of service pending 21E INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I DEATH WAS CAUSED BY LONSET AND DEATH Peritonitis acute IMMEDIATE CAUSE (a) certificate should writing the word DUE TO 48 Conditions, if any, which gave Intestinal obstruction rise ta immediate cause (a) 5 DUE TO stoting the underlying couse 0 puo days 0.5 Fecal impaction be used WAS AUTOPSY removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? Sedation with high doses of Thorazine YES 🗙 the certificate, 20g, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 should buriol, cremotion, or PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) factory, street, affice bldg., etc.) Haur a.m. Not While moy be retained for your FUNERAL DIRECTOR: Page at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry X and in my apintan Natural causes X . Accident [the funeral director. death resulted fram: Suicide Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth 1 Address (Street, city, town, or county) NAME (Type 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 50 REMOVAL (Specify) Removal Baltimore FGISTRAR 25b. REGIST Inc. N 24. FUNERAL DIRECTOR VR A15ME (5)

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